Tab 1: Transmittal Letter for Technical Proposal

Date of Application: June 10, 2016

Bidder Information

Bidder:

Northwest Iowa Mental Health Center dba Seasons Center for Behavioral Health

RFP Name:

Certified Community Behavioral Health Clinic

RFP Number:

MHDS 16-020

Project Title:

Seasons-Certified Community Behavioral Health Clinic

Contact Person:

Kim Scorza, MSW, LMSW, President/CEO

Address:

201 East 11th Street Spencer, Iowa 51301

Phone:

712.262.2922

Email:

kscorza@seasonscenter.org

Eligibility Requirements:

Seasons is accredited through 441 Iowa Administrative Code Chapter 24 as a Community Mental Health Center (CMHC) and accredited through 641 Iowa Administrative Code Chapter 155 as an outpatient substance use disorder provider (SUD). In addition, Seasons is a non-profit organization, exempt from tax under Section 501 (c)(3) of the United States Revenue Code.

Executive Summary

Brief History & Overview. Seasons is a comprehensive behavioral health center offering a broad range of psychiatric and behavioral health services northwest Iowa since 1959 and has a non-profit designation status as described in section 501(c)(3). A fourteen member volunteer board of directors governs the organization. The primary geographic service area served by Seasons encompasses nine counties in rural northwest Iowa: Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux. The central office is located in Spencer, Iowa (Clay County), with additional clinical offices in each of the other 8 counties. Seasons does serve individuals from surrounding counties and across Iowa.

Mission and Vision. Seasons' mission is "Guiding individuals and families towards a meaningful and fulfilling life." Seasons provides exceptional care through highly skilled, dedicated, and passionate employees who use evidence-based practices and innovative treatment techniques. The vision of the agency is to be "the best in the Midwest in behavioral health". Six key goals guide strategic thinking and decision making for the agency: 1) Expanding Funding Resources; 2) Appropriate Space; 3) Autumn's Center; 4) Expanding Programming; 5) Workforce Development; and 6) Public Relations. The focus on the values of Innovation, Impact, and Influence ensures quality behavioral health care at local, regional, and state levels.

Services Provided. Seasons provides both substance abuse and mental health services and during 2015 served 5,190 individuals for behavioral health conditions, including 2,123 children (ages 0-21). The number of individuals served increased from the 2014 numbers of 5,033 individuals, including 2,072 children (ages 0-21). With the opening of Autumn's Center this Fall, Seasons will have the capacity to continue to increase the number of children served.

Demographics of the Area. The population of all nine counties combined is 139,833 residents (Census V2015 Estimates); an increase of 78 residents from the 2014 US Census Estimates (139,755). Sioux County is the largest with 34,937 residents and Osceola County is the smallest with 6,154 residents. The other counties, in descending order are: Buena Vista, 20,493; Dickinson, 17,111; Clay, 16,507, O'Brien, 13,984; Lyon, 11,745; Emmet, 9,769; and Palo Alto, 9,133.

Programs & Services. Comprehensive programs and services provided by Seasons include: psychiatric services, out-patient therapy, case management, community based services, Juvenile Court Specialty Care Coordination, integrated health home services, behavioral health intervention services, substance abuse services, behavioral health consultant services, psychological testing, victim of crime services, domestic abuse intervention, consultation and education, in-patient treatment, parent education, peer/family support, crisis and emergency services, and Juvenile Court Functional Family Therapy.

Leadership Team. The Leadership Team at Seasons consists of Kim Scorza, President/CEO; Daniel Ries, Vice-President of Finance and Human Resources; Jason Low, Vice-President of Information Technology; Dr. Natalie Sandbulte, Vice-President of Clinical Services; Christina Eggink-Postma, Vice-President of Program Coordination and Compliance; Jean Drey, Vice-President of Program Development; and Vanessa Jorgenson, Vice President of Community Services. Two new leadership positions are in the process of being hired; Vice-President of Patient Care and a Vice-President of Operations. The Vice-President of Community Services is a new position and Ms. Jorgenson was hired in May 2016 and will assume her new position on June 27, 2016.

Bidders Strengths & Qualifications

The following characteristics highlight the strengths and qualification of Seasons Center and evidence our readiness to move forward with becoming a CCBHC:

- Visionary Leadership
- Committed Board
- Dedicated Professional Staff
- Commitment to Using Evidence-Based Programs and Services and Evidence Based Organization
- Experience with New Program Start-Up
- Positive Financial Health of Agency
- Trauma-Informed and Culturally Responsive Programming in Place
- Innovative and Intentional Workforce Development
- Responsive to Community Needs
- Experience in Providing Core CCBHC Programs and Services
- Completed the New Integrated CCBHC Certification Criteria Feasibility and Readiness Tool (I-CCFRT)

Key Features of Proposed Approach

The proposed CCBHC by Seasons has five key features:

- (1) Location and services will be provided in a rural setting;
- (2) All core services will be provided directly by Seasons;
- (3) Programs, services, and facilities will be trauma-informed and culturally sensitive;
- (4) Program planning and decision-making is data-driven; and
- (5) Programs and services will be evidenced-based within an Evidence-Based Organization (EBO).

Seasons Center: Certified Community Behavioral Health Clinics Proposal MHDS 16-020

Tab 2: Table of Contents

Technical Proposal

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Attachment A: Release of Information

(Return this completed form behind Tab 3 of the Bid Proposal.)

Northwest Iowa Mental Health Center dba Seasons Center (name of bidder) hereby authorizes any person or entity, public or private, having any information concerning the bidder's background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Agency.

The bidder acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The bidder acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Agency or may otherwise hurt its reputation or operations. The bidder is willing to take that risk. The bidder agrees to release all persons, entities, the Agency, and the State of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

Northwest Iowa Mental Health Center dba Seasons Center Printed Name of Bidder Organization

Signature of Authorized Representative

Date

6/9/16

Kim Scorza, Executive Director

Printed Name

Attachment B: Primary Bidder Detail Form & Certification (Return this completed form behind Tab 3 of the Proposal. If a section does not apply, label it "not applicable".)

applicable .)	
Primary	Contact Information (individual who can address issues re: this Bid Proposal)
Name:	Kim Scorza, Executive Director
Address:	201 East 11 th Street
Tel:	712.262.2922
Fax:	712.264.3146
E-mail:	kscorza@seasonscenter.org

Prim	ary Bidder Detail
Business Legal Name ("Bidder"):	Northwest Iowa Mental Health Center
"Doing Business As" names, assumed names, or other operating names:	Seasons Center for Behavioral Health
Parent Corporation, if any:	Not Applicable
Form of Business Entity (i.e., corp.,	Non-Profit Designation as described in section 501(c)(3)
partnership, LLC, etc.):	
State of Incorporation/organization:	Iowa
Primary Address:	201 East 11th Street
Tel:	712.262.2922
Fax:	712.264.3146
Local Address (if any):	Not Applicable
Addresses of Major Offices and other	Buena Vista County Office
facilities that may contribute to	608 Geneseo St
performance under this RFP/Contract:	Storm Lake, IA 50588
	Clay County Office-South Campus Autumn's Center (Opening September 2016) 120 East 5 th Street Spencer, IA 51301 Dickinson County Office
	1401 Hill Avenue Spirit Lake, IA 51360 Emmet County Office
	826 N 8 th St Estherville, IA 51334
	Lyon County Office 315 1 st Avenue Rock Rapids, IA 51246
	O'Brien County Office 604 Park Street Sheldon, IA 51201
	Osceola County Office 600 North 9 th Avenue Sibley, IA 51249

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	Palo Alto County Office					
	717 Broadway					
	Emmetsburg, IA 50536					
	200					
	Sioux County Office					
	147 South Main					
	Sioux Center, IA 51250					
Number of Employees:	106 as of May 25, 2016					
Number of Years in Business:	57 years					
Primary Focus of Business:	Behavioral Health					
Federal Tax ID:	42-0840465					
Bidder's Accounting Firm:	Eide Bailly					
If Bidder is currently registered to do	March 4, 1993					
business in Iowa, provide the Date of						
Registration:						
Do you plan on using subcontractors if						
awarded this Contract? {If "YES,"	No					
submit a Subcontractor Disclosure Form	- 19U					
for each proposed subcontractor.}						

Location in Bid (Tab/Page)	Request for Confident Statutory Basis for Confidentiality	ial Treatment (See Section 3.1) Description/Explanation
Not Applicable	Not Applicable	Not Applicable

	Exceptions	to RFP/Contract Language (See Section	(3.1)
RFP	Language to		Cost Savings to the
Section	Which Bidder	Explanation and Proposed	Agency if the Proposed
and Page	Takes Exception	Replacement Language:	Replacement Language
			is Accepted
Not	Not Applicable	Not Applicable	Not Applicable
Applicable	тосттррпецые		

BID PROPOSAL CERTIFICATION

By signing below, Bidder certifies that:

- 1. Bidder accepts and will comply with all Contract Terms and Conditions contained in the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail Form & Certification.
- 2. Bidder has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included therein.
- 3. Bidder does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;
- 4. No cost or pricing information has been included in the Bidder's Technical Proposal;
- 5. Bidder has received any amendments to this RFP issued by the Agency;
- 6. Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a Contract pursuant to this RFP;
- 7. The person signing this Bid Proposal certifies that he/she is the person in the Bidder's organization responsible for, or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anti-competitive agreements outlined above;
- 8. Bidder specifically stipulates that the Bid Proposal is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail Form & Certification. Objections or responses shall not materially alter the RFP. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Bid Proposal;
- 9. Bidder certifies that the Bidder organization has sufficient personnel resources available to provide all services proposed by the Bid Proposal, and such resources will be available on the date the RFP states services are to begin. Bidder guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;
- 10. Bidder certifies that if the Bidder is awarded the contract and plans to utilize subcontractors at any point to perform any obligations under the contract, the Bidder will (1) notify the Agency in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting contract between the Agency and contractor to the subcontractors through a subcontract. The contractor will remain responsible for all Deliverables provided under this contract.
- 11. Bidder guarantees the availability of the services offered and that all Bid Proposal terms, including price, will remain firm until a contract has been executed for the services contemplated by this RFP or one year from the issuance of this RFP, whichever is earlier; and,
- 12. Bidder certifies it is either a) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or b) not a "retailer" of a "retailer maintaining a place of business in this state" as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Bidder also acknowledges that the Agency may declare the bid void if the above certification is false. Bidders may register with the Department of Revenue online at: http://www.state.ia.us/tax/business/business.html.

By signing below, I certify that I have the authority to bind the Bidder to the specific terms, conditions and technical specifications required in the Agency's Request for Proposals (RFP) and offered in the Bidder's Proposal. I understand that by submitting this Bid Proposal, the Bidder agrees to provide services described herein which meet or exceed the specifications of the Agency's RFP unless noted in the Bid Proposal and at the prices quoted by the Bidder. I certify that the contents of the Bid Proposal are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal.

Signature:	Krcora	
Printed Name/Title:	Kim Scorza, Executive Director	
Date:	06/08/2016	

3.2.4 Tab 4: Bidder's Approach to Meeting Deliverables.

3.2.4.1 Deliverable as listed in Section 1.3 (Scope of Work).

1.3 Scope of Work.

The Contractor shall operate the CCBHC as described by SAMHSA in the Clinic Criteria, as required by the Scope of Work, and the Agency's Certification Process. The Clinic Criteria and Agency's Certification Process is located in the bidder's library

1.3.1 Deliverables, Performance Measures, and Monitoring Activities The Contractor shall provide the following:

1.3.1.1 Staffing and Needs Assessment: The Contractor shall meet all staffing requirements outlined in sections 1.A through 1.D of the Clinic Criteria.

The staffing requirements as outlined in Sections 1.A through 1.D of the Clinic Criteria are presented in the following section and reflect activities that have been completed to date, activities that will be implemented upon notification of the grant funding during the planning phase, and activities that will be implemented with recommendations following the needs assessment completed by the state in preparation for the demonstration phase.

Criteria 1-A: General Staffing Requirements

I.a.1: Assessment of Needs by State to Inform Staffing and Services: In response to the Request for Proposal (RFP), the leadership team at Seasons reviewed the current table of organization to identify how the current agency staffing plan would support the expansions of programs and services to become a Certified Community Behavioral Health Clinic (CCBHC). A new table of organization, job descriptions, and workforce development strategies have been developed to support the effective implementation by Seasons as a CCBHC as outlined within the RPF. However, the Leadership Team at Seasons is aware the state will complete an assessment of the needs of the target consumer population and subsequent staffing plan for prospective CCBHC prior to the certification of the new clinics in order to inform planning and implementation for staffing and services in the respective clinics and communities. Therefore, the proposed table of organization and job descriptions may need to be modified to support information obtained through the needs assessment. Seasons is also aware future needs assessments and staffing plans will be updated on a regular basis, but not less than every three years and will include input and participation by consumers and family/caregivers. The Vice-President of Patient Services at Seasons will lead and direct the implementation of the needs assessments for the CCBHC. Information on these positions is provided later in this application.

Seasons is also well-prepared to implement any specific cultural and linguistic treatment needs identified within the needs assessment. As will be evidenced later in this application, Seasons currently serves several counties and communities with diverse populations. Examples of activities and services conducted by Seasons that support the need for culturally responsive and linguistically appropriate services include but are not limited to: the recruitment of bilingual staff, including staff from other cultures/ethnic groups, offering ongoing in-service trainings to staff, and providing print materials in English and Spanish. Seasons currently contracts with professors, Dr. Michele Devlin and Dr. Mark Grey, from the University of Northern Iowa, to provide on-going training and technical assistance on cultural competence. Drs. Devlin and Grey are recognized as leading experts in the field for their knowledge and experience in cultural competence. They conduct trainings throughout Iowa and the nation on these topics. Drs. Devlin and Grey recently presented at a regional training held in March 2016 for Seasons' employees and community partners and provided a culture and ethics training to the staff at Seasons in 2014. On May 13,

2016, Seasons held a training for staff: Beyond Diversity: Social Work Challenges and & Ethical Responsibilities.

Seasons is currently piloting a Cultural Competency Treatment Project (CCTP) with grant funding from the Iowa Department of Public Health (IDPH) in two counties (Buena Vista and Sioux) in the delivery of substance abuse prevention and treatment, including the provision of case management/care coordination services to this population. Seasons will begin year 3 of the CCTP pilot project on July 1, 2016.

1.a.2. Clinical and Non-Clinical Staff: Based on the Request for Proposal (RFP), Seasons has reviewed the agency's table of organization and created a new table to reflect the addition of the following position for the agency to become a Certified Community Behavioral Health Clinic (CCBHC), as well as, meet the expansion needs for other programs and services. Personnel, programs, and services for the proposed CCBHC will be under the leadership of the Vice-President of Patient Services. This individual will also serve as the Project Director, devoting 1.0 FTEs to this position. Hiring for this position is dependent upon the award of grant funds. Other key positions for the CCBHC include a Community Care Coordination (CCC) Specialist (1.0 FTE), Substance Use Disorder (SUD) Specialist (1.0 FTE), Intensive Psychiatric Rehabilitation (IPR) Specialist (1.0 FTE), ACT Specialist (1.0 FTE) and Veterans Services Specialist (1.0 FTE). Job positions have been created for each of these positions and are provided later in this application. Each of these key positions will be full-time with 1.0 FTEs devoted to CCBHC programs and services. Other positions, to be hired, to implement CCBHC services include: CCBHC Care Coordinator, CCBHC Family Peer Supports, CCBHC Peer Supports, Intensive Psychiatric Rehabilitation Practitioners, CCBHC Substance Use Disorder Case Managers, Substance Use Disorder Nurse Case Managers, and Substance Use Disorder Recovery Peer Support. It is anticipated these new employees will be hired over the next 12 months to implement services provided within the context of the proposed CCBHC, with some positions posted as of May 31, 2016 in preparation for implementing IPR services and other services to be offered as a CCBHC. Section 4.K Intensive, Community Based Mental Health Care for Members of the Armed Forces and Veterans will further address services for veterans.

Seasons is currently implementing intentional activities to meet the needs of veterans and their families. Recognizing staff with involvement with the military and/or with family members involved with the military is one such activity. An event was held at the June 3, 2016 at the quarterly all-staff meeting to recognize these individuals. A new Psychology Intern is on active duty status with the military and a recently hired nurse is in the National Guard. These individuals will provide recommendations and training to support programs and services for this population. A Veterans Services Specialist will be hired to ensure care provided to veterans is consistent with minimum clinical guidelines provided by the Veterans Health Administration (VHA) and coordinating these services. This Spring, Seasons added additional information to client intake forms to capture data regarding military status to further identify behavioral health needs and supports of this populations. Seasons has experience providing case management services to veterans through existing programs and services and currently accepts TriCare, an insurance program for veterans.

Seasons resides within a Mental Health Provider Workforce Shortage Area (HPSA) for all nine counties within the service area. Therefore, workforce development is one of six goals within the agency Strategic Plan. Working with Iowa Workforce Development, Iowa Lakes Corridor Development Corporation, partnerships with local universities, including the University of Iowa and UC Davis, contracting with workforce consultants, and hiring an Industrial Organizational (IO) Psychologist represent strategies implemented by Seasons to recruit and retain a high quality, clinical and non-clinical workforce within this rural part of the state. Seasons has also used social media and technology (Facebook posts, Facebook ads, and Twitter) to inform and recruit potential employees. Additionally, Seasons has a Workforce Development workgroup that meets monthly, a Recruitment and Retention Plan, and is a NHSC loan repayment site.

1.a.3. Management Team: The Leadership Team at Seasons consists of Kim Scorza, Executive Director (1.0 FTE); Daniel Ries, Director of Finance and Human Resources (1.0 FTE); Jason Low, Director of Information Technology (1.0 FTE); Dr. Natalie Sandbulte, Director of Clinical Services (1.0 FTE); Christina Eggink-Postma, Director of Program Coordination and Compliance (.80 FTE); and Jean Drey, Director of Program Development (1.0 FTE). During the past year, this team led the agency in achieving a 3% growth in the number of individuals served, from 5,033 to 5,190; creating 16 new jobs/positions, and attaining a 20% growth in employees, from 79 to 95 (through December 31, 2015). Details about their specific qualifications, experiences, and roles and responsibilities is presented in Tab B: Bidder's Background. Three new positions are being added to the Leadership Team to support the growth of the agency, to assist with recent funding/new program start-up, and to assist with facilitation of this demonstration project to become a CCBHC: a Vice-President of Community Services (1.0 FTE), a Vice-President of Patient Care (1.0 FTE), and a Vice-President of Operations (1.0 FTE). Vanessa Jorgensen was hired in May as the Vice-President of Community Services. Ms. Jorgensen has over 10 years of experience working in the human services field in northwest Iowa, with three years of leadership/management experience. With the addition of these new positions, a restructuring of personnel is occurring and as a result the current leadership position titles are being revised from Director to Vice-President. These new titles are used with the Tables of Organization provided with this application.

The Medical Director at Seasons is Dr. Matt Stanley. As required within the RFP, he is a Psychiatrist. Dr. Stanley has been at Seasons since 2014. Dr. Stanley provides guidance and direction for hiring new providers, oversees difficult cases, and assists in leading the organization in the use of evidence-based practices.

I.a.4: Liability Insurance: Seasons maintains \$1million in liability insurance and \$3 million in malpractice insurance, which has been determined by the Board of Directors, auditing agency, agency bank personnel, and other funding sources as adequate for an agency of this size and scope. In becoming a CCBHC, Seasons will review the adequacy of the amount of this liability/malpractice insurance. This will continue to be reviewed annually by Seasons.

Criteria 1.B: Licensure and Credentialing of Providers

I.b.1: State Licenses and Certifications, Laws and Regulations, and State Medicaid: Seasons is accredited through 441 Iowa Administrative Code Chapter 24 as a Community Mental Health Center (CMHC) and accredited through 641 Iowa Administrative Code Chapter 155 as an outpatient substance use disorder provider (SUD). In addition, Seasons is a non-profit organization, exempt from tax under Section 501 (c)(3) of the United States Revenue Code. Therefore, Seasons meets the eligibility requirements as set forth within this RFP. Certificates verifying current accreditation are presented within Tab B: Bidder's Background section of this application.

Pursuant to Chapter 90 (Iowa Department of Human Services) and in accordance with Iowa Code section 225C.20 for Medicaid members with an intellectual disability, a chronic mental illness, or a developmental disability and members eligible for the home- and community-based services (HCBS) children's mental health waiver, Seasons meets accreditation standards as set forth in 441—Chapter 24.

All services provided as a CCBHC will be by employees of Seasons. Seasons does not intend to subcontract for any employees providing services as required within the CCBHC Scope of Services.

1.b.2 – CCBHC Staffing Plan Meets Requirements of State: As a CCBHC Seasons will directly employ all core staff as required by the State. The following table presents an overview of the *current staff* in place for each of the core positions and the number of FTEs for each of the required positions. Later in

this narrative a detailed proposed staffing plan is provided (Section 3.2.4.3) to describe the plan for meeting the states initial needs assessment and how Seasons intends to staff the core positions.

Core Position	Staff: License/Certification	Credentialed/In-Process	# FTEs
Certified Substance Use	5 SUD Certified Counselors	Yes	6.60
Disorder Counselor	 2 of these Certified SUD 		
	Counselors are pursuing their		
	mental health license with a target		
	completion within the next 18		
	months		
Licensed Mental Health	LISW: 5	Yes	18.70
Professional	■ LMSW: 8		
	■ LMFT: 1		
	• tLMFT: 1		•
	■ LMHC: 2		
-	■ tLMHC; 3		
Dually-Licensed Certified	3 SUD Certified Counselors are	Yes	FTEs
Substance Use Disorder	Dually Licensed		reported
Counselor/Licensed Mental	• 2 of these Counselors is doing 0.5		in
Health Counselor	FTE as a SUD Counselor and 0.5		previous
	FTE as a Mental Health Therapist		lines
Licensed Psychiatrist/	Psychiatrists: 4	Yes	2.8
Prescriber	 1 of the Psychiatrist is a 		
	Child/Adolescent Psychiatrist		,
Family Peer Support	2 Employees	Yes	2.4
Specialist			
MAT prescriber	Psychiatrist: I	Yes	1
	 Prescriber is ASAM/ABAM 		
	Addiction Medicine Certified		
Peer Support Specialist	None at this time-In process of	Not Applicable	4
	hiring. We do have IHH peers		
Peer Recovery Coach	None at this time-Will be hiring	Not Applicable	0
IHH care coordination team-	Designated IHH Provider in Iowa	Not Applicable	16
Not including Peers			
Substance Use Disorder Case	Refer to credentials and licenses of	Not Applicable	0
Management team	previous positions		
(Prescriber and Peer Coaches			
Noted Above)			
Assertive Community	In process of creating team	Not Applicable	0
Treatment (ACT) Team			
Psychiatric Rehabilitation	None at this time-In process of hiring	In-Process	0
Approach provider			

The following members are included on the teams described in the previous table:

IHH Teams: Care Coordinator, Nurse, and Peer/Family Support SUD Case Management Team: SUD Case Manager, Nurse, and Recovery Coach ACT Team: Case Manager (bachelors-social work professional), Vocational Specialist, and Nurse Nurse

As required, Seasons employs a psychiatrist Medical Director, Dr. Matt Stanley, who serves as the Medical Director. Season's 7 substance abuse/dependency therapists are educated at Bachelors and Masters levels in psychology, social work or other related fields. Seasons is training mental health therapists and substance abuse counselors in treating co-occurring disorders. All of Seasons' Substance

Abuse Counselors are certified or eligible for certification through the Iowa Board of Substance Abuse Certification. Seasons has been intentional in expanding the use of trauma-informed and evidence-based practices, such as Parent Child Interactive Therapy, Trauma-Focused Cognitive Behavioral Therapy, Motivational Interviewing, and Dialectical Behavioral Therapy. Seasons has hosted national trainers to present on trauma-informed programs and culturally responsive programs, including Dr. Robert Anda, Laura Porter, Dr. Bruce Perry, Dr. Michele Devlin, and Dr. Mark Grey. Current and new offices and facilities are assessed for responsiveness to trauma and culture.

Seasons has extensive experience working with professionals with special licenses and certifications in accordance with state laws and regulations for their respective degrees, education, and training, including applicable Medicaid billing regulations and policies. As a CCBHC, providers employed by Seasons will have and maintain all necessary state-required licenses, certifications, or other credentialing. Seasons will assist providers who are working towards licensure with appropriate supervision in accordance with applicable state law. Barb Work, the Human Resource Generalist at Seasons and Dr. Natalie Sandbulte, Vice-President of Clinical Services at Seasons, will oversee the implementation of policies and procedures to ensure CCBHC employees meet and maintain appropriate state-required licenses and certifications, obtain appropriate supervision as applicable, and meet other credentialing requirements.

Criteria 1.C: Cultural Competence and Other Training

1.c.1 - Training Plan: Seasons has developed a training plan to meet the requirements specified within the RFP. The training plan addresses: cultural competence, person-centered and family-centered services, recovery-oriented practices and programs, evidence-based and trauma-informed care, primary/behavioral health care integration, and working with active duty military and veterans. The plan included orientation and annual training activities.

Seasons currently provides staff with professional training opportunities through a variety of strategies, including: (1) Employment Orientation, (2) Quarterly All-Staff Meetings, (3) Therapy and Curriculum Specific Training, (4) Hosting Regional Trainings with State/National Experts, and (5) Attendance at State/National Workshops and Conferences. Jen Lacewell, Industrial Organization (IO) Psychologist at Seasons, has been working to develop and enhance the quality of training provided for the agency. Seasons is in the process of hiring a Training Director and an offer is pending with a Clinical Psychologist at this time. This individual will be responsible for leading and directing the proposed Staff Training Plan being developed for the CCBHC and developing a final Staff Training Plan as required within the RFP. A copy of Seasons proposed Staff Training Plan is provided in section 3.2.4.4. In addition to the specific training plan designed for the CCBHC, staff providing CCBHC services will have opportunities to participate in agency-wide training opportunities.

1.c.2 – Skills and Competencies of Staff: Seasons currently assesses the skills, competencies, and individual training needs of each employee using several approaches throughout the year: semi-annual employee evaluation, monthly scheduled supervision times, agency and training specific surveys, and doing fidelity monitoring of evidence-based programming. The IO Psychologist and Training Director will create policies for defining the procedures to integrate similar activities into the CCBHC Training Plan.

Seasons currently offers in-service training opportunities at a minimum of quarterly to all staff. Attendance, agendas, training goals and objectives, continuing education (CEUs), and credentials of presenters are maintained for each event. This will be replicated for training events conducted as outlined within the CCBHC Training Plan. Currently training records are kept indefinitely.

1.c.3 - Documentation in Staff Personnel records: Seasons currently maintains documentation in staff personnel records of trainings completed by each employee. This includes copies of Certificates of

Attendances and CEU Certificates. The IO Psychologist or Training Director will be responsible for providing this information in a timely manner to the Human Resource Generalist to place the information in the employee's personnel file.

1.c.4 – Qualified Trainers: The training qualifications and credentials of speakers and presenters are reviewed in the planning of each in-service training offered by Seasons as well as when staff request to attend external training events, workshops, and conferences. Resumes, curricula vitas, information provided by the presenters, and recommendations from other programs, agencies, and professionals are used to evidence qualifications and credentials. Individual supervisors and/or the President/CEO and Vice-President of Clinical Services are responsible for approving presenter qualifications and credentials. Similar practices will be adopted for implementation with the CCBHC Training Plan. The Training Director will be responsible for leading and directing these activities for the CCBHC Training Plan.

Criteria 1.D: Linguistic Competence

I.d.1 Serving Individuals with Limited English Proficiency (LEP): Seasons currently uses several strategies to assure program services are culturally and linguistically appropriate for LEP clients and these activities will be integrated into how services are provided through the proposed CCBHC: (1) Communication and Language Assistance: Program materials will be offered in multiple languages and respectful of literacy levels, when possible. (2) Engagement, Continuous Improvement, and Accountability: Culturally sensitive practices will be integrated into program activities, including sensitivity and awareness building for other issues such as gender and culture specific religious practices, based on the specific ethnic groups residing in local communities. (3) Governance, Leadership, and Workforce: Therapists and counselors will continue to work with Evidence Based Program trainers and developers when working with specific treatment modalities prior to making program modifications. (4) Governance, Leadership, and Workforce: Trainings and Technical Assistance will be provided by researchers Dr. Michele Devlin and Dr. Mark Grey on topics related to cultural, literacy, and language the project staff, families/caregivers, and community agencies.

1.d.2 Interpretation/Translation Services: Seasons employs bi-lingual individuals to assist with telephone calls and they work on-site to interpret and translate for the delivery of direct services. The need for Spanish-speaking interpreters is the most common language requested and the two counties with the highest need are Buena Vista and Sioux. Interpreters are provided the same orientation and training that all employees new to Seasons receive and they are expected to attend agency in-service training events. Seasons has several providers who are bi-lingual and workforce recruitment activities have been implemented to recruit more bi-lingual staff.

1.d.3 Auxiliary Aids and Services: Seasons has been exploring the use of TTY lines and will continue to explore this service as well as other auxiliary aids and services.

1.d.4 – Materials and Information Available in Consumer's Primary Language: Seasons is in the process of finalizing the translation of intake materials into Spanish. Though grant funding from the Iowa Department of Public Health, Seasons is piloting a Culturally Competent Treatment Project (CCTP) grant. This funding has provided Seasons with the opportunity to purchase curriculum and other educational resources in Spanish. Billboards and other brochures have been printed in Spanish, taking into account low literacy levels and how specific behavioral health services can be translated from English to Spanish. Specifically, Spanish speaking individuals in Storm Lake (Buena Vista County) assisted with creating a basic brochure for Seasons called, "We're Here to Help". These cards have been successful with informing the Spanish speaking population of the behavioral health services available at Seasons. Seasons intends to continue to translate materials into other languages based on the needs of community members. Print materials, translation, interpretation and hiring of bi-lingual staff will be activities provided by Seasons to create a culturally competent and response CCBHC.

I.d.5. — *Confidentiality and Privacy:* Interpreters currently working for Seasons adhere to the same confidentiality laws as other employees, specifically HIPPA and CFR 42. As a behavioral health center and substance abuse provider, the staff at Seasons are well-aware of confidentiality law. Confidentiality is reviewed with interpreters as part of their orientation. Policies and procedures developed for the CCBHC will include specific policies and procedures for confidentiality. When appropriate Business Associate Agreements (BAAs) and other such agreements and contracts, have been, and will be created for working with interpreters and other agency providers.

1.3.1.1.1 Catchment Area Description: The Contractor shall identify the location of the proposed CCBHC clinic and provide a description of the clinic's proposed catchment area including, but not limited to:

- Counties to which CCBHC services will be provided.
- Urban and/or Rural areas served.
- Demographics of the proposed catchment area.
- Demographics of current populations served including age, gender, race, ethnicity, languages spoken, Limited English Proficiency, mental health and substance use disorder diagnosis, and funding entities.
- Service area gaps and strengths
- Workforce needs, including any designation as a health care shortage area

Counties Served: The primary geographic service area served by Seasons encompasses nine counties in rural northwest Iowa: Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux. The nine-county service area supports a total population of 139,833 residents (US Census 2015 Estimates). The central office is located in Spencer, Iowa (Clay County), with additional clinical offices in each of the other 8 counties. This nine county area will serve as the geographic area for the counties to receive CCBHC services as well as people from surrounding counties, regardless of where they live.

<u>Rural Designation</u>: All nine counties in the service area meet the rural eligibility definition as defined by HRSA (Health Resources and Services Administration): http://datawarehouse.hrsa.gov/RuralAdvisor/).

<u>Demographics of the Area</u>: The *population* of all nine counties combined is 139,833 residents (Census V2015 Estimates); an increase of 78 residents from the 2014 US Census Estimates (139,755). Sioux County is the largest with 34,937 residents and Osceola County is the smallest with 6,154 residents. The other counties, in descending order are: Buena Vista, 20,493; Dickinson, 17,111; Clay, 16,507, O'Brien, 13,984; Lyon, 11,745; Emmet, 9,769; and Palo Alto, 9,133. Similar to the nation, counties in rural northwest Iowa are experiencing declining populations. Buena Vista, Dickinson, Lyon, and Sioux have experienced population growth since the 2010 census.

Demographics of Current Population:

Population by Age. The percent of population under age 5 for the area ranges from a high of 7.9% in Buena Vista to a low of 4.9% in Dickinson; compared to the State of 6.3% and the US of 6.2%. The percent of population under age 5 for the other counties in descending order are: Sioux, 7.4%, Lyon, 7.3%, O'Brien, 6%, Osceola, 6%, Palo Alto, 5.9%, Clay, 5.7%, and Emmet, 5.6%. (US Census V2014).

The percent of *population under age 18* for the area ranges from a high of 28.1% in Lyon to a low of 19.1% in Dickinson; compared to the State of 23.4% and the US of 23.1%. The percent of population under age 18 for the other counties in descending order are: Sioux, 26.9%, Buena Vista, 25.3%, O'Brien, 23.6%, Osceola, 23.2%, Clay, 22.8%, Palo Alto, 22%, and Emmet, 21.6%. (US Census V2014).

The percent of population over age 65 for the area ranges from a high of 24.2% in Dickinson to a low of 4.5% in Sioux; compared to the State of 15.8% and the US of 14.5%. The percent of population over age 65 for the other counties in descending order are: Palo Alto, 21.4%, O'Brien, 20.6%, Osceola, 20.2%, Clay, 19.6%, Emmet, 19.2%, Lyon, 16.9%, and Buena Vista, 14.6%. (US Census V2014)

The three counties with higher populations of young children and adolescents are Lyon, Sioux, and Buena Vista. Each of these counties exceed state and national percentages for children under age 5 and under age 18. O'Brien and Osceola are just slightly above the State and national percentages for children under age 18. The counties with the highest populations of persons ages 65 and over are Dickinson, Palo Alto, and O'Brien.

<u>Changing Population Landscape</u>. Similar to Iowa and the Nation, northwest Iowa has been experiencing an arrival of *minorities and immigrants*, particularly the Hispanic population. The percent of *White Persons Not Hispanic* has decreased in the past decade, with Buena Vista at 62.6% and Emmet at 86.9%; both below the State percent of 87.1%. Buena Vista is just slightly above the Nation (62.1%). Sioux is at 87.9%, just slightly above the State. The percentages for the other counties in ascending order are: Osceola, 91.3%, O'Brien, 93.3%, Clay, 94.3%, Palo Alto, 95.2%, and Lyon, 95.9%. (U.S. Census V2014).

The percent of persons *Hispanic or Latino* continues to increase in this area, with Buena Vista at 24.8%, above both the State (5.6%) and the nation (17.4%). Emmet (10.4%), Sioux (9.8%), and Osceola (6.8%) are all above the State percent of (5.6%) as well. The percentages for the other counties in descending order are: O'Brien, 4.5%, Clay, 3.2%, Lyon, 2.7%, Palo Alto, 2.1%, and Dickinson, 1.7%. (US Census V2014).

<u>Language</u>. A *Language Other Than English Spoken in the Home* has been increasing in the past decade, with Buena Vista, 30.8% above the State (7.4%) and the nation (20.9%); with Sioux, 9.3% and Emmet, 8.3% each above the State (7.4%) and Osceola just slightly below at 7.2%. The percentages for the other counties in declining order are: O'Brien, 4.9%, Clay, 3.5%, Lyon, 2.7%, Palo Alto, 2.6%, and Dickinson, 1.9%. (US Census 2010-2014).

Income. The *Median Household Income* in the service area ranges from a high of \$59,272 in Sioux to a low of \$46,334 in Palo Alto. Six of the nine counties are below the State (\$52,716) and the nation (\$53,482). In ascending order the amounts for the counties below the State and nation are: Palo Alto, \$46,334, Buena Vista, \$48,010, Emmet, \$48,545, Clay, \$49,438, Osceola, \$50,700, and O'Brien, \$52,458. The three counties above the State and nation are: Lyon, \$54,344, Dickinson, \$56,068, and Sioux, \$59,272. (US Census V2014).

Education. The percent of persons, age 25+, who is a high school graduate or higher, ranges from a high of 95% in Dickinson to a low of 78.9% in Buena Vista. Buena Vista (78.9%) is well below both the State (91.3%) and the nation (86.3%), four other counties are below the State, in ascending order: Osceola, 87.2%, Emmet, 88.4%, Sioux, 88.6%, and Lyon, 90.6%. O'Brien at 91.4% and Palo Alto at 91.9% are just slightly above the State (91.3%). Only Clay (93.6%) and Dickinson (95%) were above both the State and the nation. (US Census 2010-2014).

Ruralness of the Area. This nine-county service area encompasses a total of 55,815.12 square miles, with the number of *persons per square mile* ranging from a low of 16.2 in Osceola to a high of just 43.9 in Sioux. All nine counties are below the State (54.5) and nation (87.4) for persons per square mile. Sioux is the largest county covering 768.33 *square miles* and has the highest population of persons per square mile (43.9). Dickinson has the next largest population per square mile (43.8), just slightly below Sioux, but is the smallest county with only 380.61 square miles of land. The *land and population per square mile* in the other counties are: Buena Vista-574.92 square miles with 35.2 persons per square mile; Clay-567.24 square mile with 29.4 persons per square mile; Emmet-395.88 square miles with 26.0 persons per square mile; Lyon-587.65 square miles with 19.7 persons per square mile; O'Brien-573.04 square miles with 25.1 persons per square mile; Osceola-398.68 square miles with 16.2 persons per square mile; Palo Alto-563.84 square miles with 16.7 persons per square mile.

<u>Gaps and Strengths</u>: Similar to other rural counties and communities across the State, northwest Iowa experiences significant challenges and barriers in accessing health care services. Each health system utilizes some type of electronic health record system, however, these systems are not able to communicate and share data across systems. This presents a particular challenge for health care providers working with "drug seeking" patients.

While many of the county seat hospitals are to be commended for their efforts in recruiting and offering expanded outpatient and specialty care services in the region, residents from the smaller communities continue to lack access to these specialized care services. Unfortunately, there are still many types of specialty care services that are not available in the region, particularly in regard to children services for conditions such as autism and attachment disorders.

The population landscape of northwest Iowa is rapidly changing, specifically in Buena Vista and Sioux County, resulting in barriers related to translation, interpretation, as well as understanding cultural differences in regard to health care practices. Demographic data will be provided later in this narrative.

The stigma associated with mental health and substance abuse continues to be present in this rural region of the State. Unfortunately many individuals and families are reluctant to access services due to stigma and others want to believe these types of social issues (abuse, neglect, violence, and substance abuse) don't happen in northwest Iowa. Additionally, healthcare providers, educators, communities, and families do not understand the link between Adverse Childhood Experiences (ACEs), trauma, and chronic health conditions.

Declining funding, underfunded programs, and the unstable economy are some of the multiple variables that limit and challenge leaders with building and expanding programs, specifically the implementation of new evidence-based practices and joint service delivery across family-serving systems. As research evidences, effective and sustained collaboration involves the commitment of resources at multiple levels, including time, money, and expertise. Current funding sources are generally limited to funding specific services or program models. The costs of travel due and workforce shortages further challenge agencies with making tough decisions on the value of attending and participating in planning meetings and serving on community/agency boards.

On the other hand, the rural nature of smaller rural communities lends itself to multiple strengths and opportunities. Social service and community organizations know each other professional and personally. They work together, attend the same churches, and their children attend the same schools. Because professionals know each other and have often worked together for many years, communication is easier to facilitate and coordinate. Most of the social, education, and community agencies have been working collaboratively for many years, embracing and expanding partnerships to provide coordinated services, including partnering on new grants and projects.

<u>Workforce Needs</u>. Additionally, all nine counties in the service area are defined as a Mental Health Provider Shortage Area (MHPSH) and this shortage of providers contributes to waiting lists and further prohibits or delays service, once a family has been able to locate services.

1.3.1.1,2 Needs Assessment: The Contractor shall provide any additional requested information to the Agency during the Agency's needs assessment process, which shall be completed during the Certification Process. During the Demonstration Program period, the Contractor shall update the Agency's needs assessment, publicly share it within the geographic catchment area, and submit to the Agency for approval by July 1, 2018.

Seasons regularly conducts community needs assessment and therefore has the capacity to provide any additionally information for an updated needs assessment conducted during the Demonstration Program period and due for final approval by July 1, 2018.

The most recent needs assessment conducted by Seasons in the Fall of 2015 revealed several gaps and barriers for rural northwest Iowa regarding the delivery of behavioral health and other health and human services. (1) Limited Resources and Capacity: Declining funding, underfunded programs, workforceshortages, and the unstable economy are some of the multiple variables that limit and challenge leaders with building and expanding programs, specifically the implementation of joint service delivery across individual and family-serving systems. Building a sustained and integrated healthcare network will begin to address this challenge. (2) Access Barriers for Families: Individuals and families are challenged with transportation barriers that present in rural areas. Specialized services are only available in larger metropolitan areas such as Sioux Falls, South Dakota, Sioux City, Iowa, and Des Moines, Iowa; meaning families must travel a 4-6 hour round trip commute. Additionally, many parents experiencing behavioral health issues do not have reliable transportation and may likely not have a license resulting from their substance use. The changing demographics and the subsequent language and cultural beliefs continue to present barriers to access. Expanding partnerships with other local community agencies and conducting a community resource and needs assessment will help to further define barriers as well as identify opportunities for addressing barriers. (3) Stigma and Shame: The stigma associated with mental illness and substance abuse often prevents individuals/families from accessing services from behavioral health providers. In small communities, simple things such as fear, shame, and concern by individuals that friends and neighbors may see their vehicle in front of a mental health or substance abuse provider office. Engagement of the broader community in understanding the ACEs (Adverse Childhood Experiences) and promoting trauma-informed care across service delivery systems will help address this issue. (4) Differing Perspectives and Reluctance to Change: Each service system has its' own language, payer mix, and . treatment model. Personal biases and lack of understanding often interfere with the ability to engage in constructive conversations and move collaboration forward. The common spoken and often unspoken perceptions exist, such as "we've always done it this way". Again the engagement of the broader community can assist with addressing this barrier.

1.3.1.1.3 Staffing Plan: As part of the Certification Process, the Contractor shall submit a final staffing plan to the Agency for review and approval by September 15, 2016. During the Demonstration Program period, the Contractor shall update the staffing plan and submit to the Agency for approval by July 1, 2018. The proposed staffing plan shall identify any additional staff the Contractor plans to hire to meet certification standards. As required by Clinic Criteria section 1.b.2 the Agency has identified the following staff the CCBHC will employ directly or through DCO:

Seasons will employ all staff directly.

- Certified Substance Use Disorder Counselor (directly)
- Licensed Mental Health Professional (directly)
- Licensed Psychiatrist or Prescriber (directly)
- Family Peer Support Specialist (directly)
- MAT prescriber (directly)
- Peer Support Specialist (directly)
- Peer Recovery Coach (directly)
- IHH care coordination team (directly)
- Substance Use Disorder Case Management team (directly)
- Assertive Community Treatment (ACT) Team (directly)
- Psychiatric Rehabilitation Approach provider (directly)

Seasons has reviewed the requirements regarding the submission of a final staffing plan (September 15, 2016) and an updated staffing plan (July 1, 2018) to the Iowa Department of Human Services as defined within this RFP. The following timeline evidences how Seasons will track and monitor specific reporting timeframes and deadlines. The Project Director will be responsible for tracking and providing reports to the Iowa Department of Human Services.

Proje	et Impl	emen	tatio	n Tin	alin	0.0						
Key Activities, Project Milestones.		GIIGII			Tellill							
and Implementation Time Frames	June											
Pre-Award Activities												
Completion of CCBHC Bid-Submission	X	C. S. C. S. S. S. C. S.	(;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	I STATE OF THE STA	3165015105131	Snide NULLELYN	LIPATESTALITATE	(IAIAIA)AAAAA	49434114343494		314000000000000000000000000000000000000	erinanistan
to DHS-June 2016												
State notifies bidders of Intent to Award	X											
Final Chapter 24 Accreditation for IPR	X					·						•
Receive Chapter 24 approval for Mobile	X											
Crisis Services												
Onboard New Staff for Billable New	X											
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Coach) Addition of Recovery Peer Coach to ATR Cooperative Agreement Receive Training: Just in Time Scheduling, Same Day Access,		X	X	X	X	X	X					
Coach) Addition of Recovery Peer Coach to ATR Cooperative Agreement Receive Training: Just in Time Scheduling, Same Day Access, Collaborative Documentation (Currently		X	X	X	X	X	X					•
Coach) Addition of Recovery Peer Coach to ATR Cooperative Agreement Receive Training: Just in Time Scheduling, Same Day Access, Collaborative Documentation (Currently under contract with MTM Consultants)		X		X	X	X	X					•
Coach) Addition of Recovery Peer Coach to ATR Cooperative Agreement Receive Training: Just in Time Scheduling, Same Day Access, Collaborative Documentation (Currently under contract with MTM Consultants) Begin Implementation of: JIT, Same Day		X	X	X	X	X	X					•
Coach) Addition of Recovery Peer Coach to ATR Cooperative Agreement Receive Training: Just in Time Scheduling, Same Day Access, Collaborative Documentation (Currently under contract with MTM Consultants)		X		X	X	X	X					•

Key Activities, Project Milestones, and												63
Implementation Time Frames	July	Αug	Sept	ಶ	λON	9	Jan	Feb	Mar	λpr	May	June
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Start-Up and Year 1: Continued	July	1,201	6– Jı	ine 30), 201	70 000	SEE 10				irriisti Karabilea	
Submit Final Staffing Plan to DHS for			\mathbf{X}						-			
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Submit Final Training Plan to DHS for			X									
Review and Approval												
Submit Final SUD Case Management			X									
Plan to DHS for Review and Approval												
Submit Care Coordination Plan for			\mathbf{X}									
Review and Approval												
Submit Evidence of Meeting Fidelity to			X									
DHS for Review and Approval												
Report Access Data Quarterly-20th		Time	Fram	e to b	e dete	ermine	ed: 20	th of f	ollow	ing m	onth	,
Review and Update Electronic Health	X	X	X	X	X	X	X					
Record System as Needed to Meet Contract												
Reporting Requirements												,
Staff Psychiatrists Receive Training in		X										
Medication Assisted Treatment (MAT)									<u> </u>			
Staff Psychiatrists Complete Necessary			X									
Certifications and Credentialing to				İ								
Implement MAT												
Provide Internal Trainings for All Staff in	X	Х	X	Х	X	X	X	X	X	X	X	X
the CCBHC Model- Training Schedule						ļ						
State Submits CCBHC Application to				X								
SAMHSA for Demonstration Grant												
Research Implementation of Mobile Crisis			X	Х	X	X	X	X	X	Х	X	
and ACT Teams-Review State, MCO, and												
Private Insurance Guidelines,											,	
Requirements, Meet With Other												
Implementation Teams Across the							-					
State/County, & Draft Policies and												
Procedures												
SAMHSA Notifies State of Demonstration						X						
Grant Awards												
Recruitment of Staff; Mobile Crisis, ACT,				1					X	X	X	X
SUD Case Management, Care Coordination												
Teams												
Onboard New Staff: Mobile Crisis, ACT,												X
SUD Case Management, Care Coordination												1
Teams												
Key Activities, Project Milestones,		18612										
and Implementation Time Frames	July	Aug	Sept	Oct	Nov	Dec	=	Feb	Mar	Apr	May	lime
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Implementation: Year 1	July	1, 20	74.1	une 🤉	0, 20	18				enifinii		
Begin as CCBHC	in the Ja	X			<u> </u>		T	T	Γ	T		T
Onboard New Staff: Mobile Crisis, ACT,	X					1						†
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Final Project Activities: July 1, 2018—June 30, 2018											
Submit Care Coordination Lists							3				
Updated Staffing Plan to DHS	X										
Close Out Grant Paperwork	X	X	X								
Submit Care Coordination Lists				X			20				
							19				

1.3.1.1.4 CCBHC Training Plan: The Contractor shall submit a final training plan to the Agency for review and approval by September 15, 2016. The final training plan shall identify how all CCBHC staff, including contracted staff and providers at DCOs who have contact with individuals receiving CCBHC services and their families, are trained to meet the consumer population's cultural, linguistic, and treatment needs. The training plan shall include, but is not limited to, new employee orientation, cultural competency, trainings on needs of specific populations including veterans, Trauma-Informed Care and suicide prevention and suicide response. The plan shall include how the Contractor will incorporate additional trainings to meet Clinic Criteria.

Seasons has reviewed the requirements regarding the submission of a final training plan (September 15, 2016) and an updated training plan (July 1, 2018) to the Iowa Department of Human Services as defined within this RFP. The previously presented timeline evidences how Seasons will track and monitor specific reporting timeframes and deadlines. The Project Director will be responsible for tracking and providing reports to the Iowa Department of Human Services.

1.3.1.2 Availability and Accessibility of Services: The Contractor shall meet the availability and accessibility standards in 2.A through 2.E of the Clinic Criteria.

Criteria 2.A: General Requirements of Access and Availability

2.a.1 - Safe, Functional, Clean, and Welcoming Environment: During the past 5 years, Seasons has been updating all office locations scattered throughout the nine-county service area. Intentional paint colors, common furniture, and signage branding Seasons are used throughout the office, creating trauma-informed, culturally sensitive, safe and welcoming office space. Specifically, Seasons has updated the central office in Spencer. Autumn's Center, a new state-of-the art, 13,000 square foot, regional children's center will be opening in September 2016 in Spencer. Seasons has expanded office space in Storm Lake and Emmetsburg. Larger office space has been purchased in Spirit Lake, Sheldon, and Sioux Center. Seasons is or will be co-locating at various healthcare agencies: Promise Community Health Center and hospitals in Emmetsburg, Sibley, and Estherville.

2.a.2 – Outpatient Clinic Times-Accessibility to Population: Seasons currently offers extended morning and evening hours for therapy, substance abuse, psychiatry services. A 24/7 crisis line is staffed by a Seasons' employees. DUI groups are held on weekends. Community based services, including Integrated Health Home (IHH), Case Management, Behavioral Health Intervention Services (BHIS), and Functional Family Therapy (FFT) offer early morning, late afternoons, evening, and occasional weekend activities and services. When needed, Seasons' staff provide transportation for clients. Working closely with a psychiatric residency program, Seasons is pursuing options with adding nights and weekend outpatient clinics.

2.a.3 – **Service Locations:** All nine offices, as well as, co-located spaces meet ADA requirements. Information was previously presented regarding Seasons efforts to further assure office locations are trauma-sensitive, culturally responsive, safe, and welcoming to clients, family members, and community partners.

- 2.a.4 Transportation and/or Transportation Vouchers: Recognizing transportation is a challenge for many clients accessing services at Seasons, the agency is continually trying to identity funding and resources to assist clients with their transportation barriers. Unfortunately, several of the grant funded programs have eligibility requires. Access to Recovery (ATR) is available for clients accessing substance abuse services. A Regional Partnership Grant (RPG), Culturally Competent Treatment Project (CCTP) grant, and a Community Care Coordination (CCC) grant currently are or have provided transportation assistance. Additionally, Care Coordinators, Case Managers, and Community Based Services staff work with the Managed Care Organizations (MCOs) in securing transportation for Medicaid clients, using the Regional Transit Authority (RIDES). CCBHC staff will build upon the programs already available and work collaboratively, both internally with other programs at Seasons, and externally with community agencies/partners to enhance and expand transportation services.
- 2.a.5 Mobile In-Home, Telehealth, and On-line Treatment: Seasons currently uses telehealth/telemedicine to provide psychiatric services to various outlying offices. Telehealth equipment is available in all locations. Unfortunately, Seasons hasn't been able to use telehealth/telemedicine with other programs and services due to funding restrictions on the use of telemedicine for therapy and substance abuse counseling. If funding were to be made available to reimburse for these services, Seasons would definitely increase the use of telehealth/telemedicine.
- 2.a.6. Outreach and Engagement Activities: Seasons uses a variety of strategies for outreach and engagement efforts. (1) Print Materials: Educational and health promotion materials contains language that is easy to understand, available in English and Spanish, and is formatted to include creative messages using color and photos. (2) In-reach: Seasons' current data base, as possible, is reviewed to tag clients who may be appropriate for specialized services, specifically those who are involved with child welfare or juvenile justice program. Current staff working in other programs area asked to identify potential clients whom may benefit from services, specifically those at risk for trauma, due to adverse childhood experience (domestic violence, substance abuse, and/or bullying at school). Multi-disciplinary teams meet monthly to improve internal understanding of the various programs Seasons offers, as well as increase appropriate referrals for services. (3) Outreach: Personal contacts are made to community groups, support groups (NAMI, AA/NA, Veterans Groups, Latino Groups), and the faith community to inform them of the program, answer questions, and establish individualized information sharing protocols. (4) Partners: Staff inform formal and informal partners of enrollment guidelines, ask partners to assist in identifying specialty groups (veterans and immigrants), and keep partners informed of on-going project activities and events. (5) Wellness Promotion: Informational tables are set up at health fairs and other community . events. (6) Innovative Marketing: Fun events and promotional items are designed to recruit, engage, and retain individual (parades and Kid's Carnivals). (7) Social Media: Emerging technology such as Facebook and Twitter are used to promote Seasons services, as well as, staff have laptops and smartphones to assist outreach. (8) Billboards and Radio: Billboards and radio ads are designed to inform of agency services and special population groups such as military families and veterans and cultural groups. (9) Evidence-Based Program for Retention: Staff have been researching the use of an evidence-based program, Partners for Change Outcome Management System (PCOMS): The Heart and Soul of Change Project as a strategy for retaining clients. These strategies will be used to promote services provided by the CCBHC.
- 2.a. 7 State Standards for Voluntary and Court-Ordered Services: Seasons currently abides by all state standards for the provision of both voluntary and court-ordered services. Examples of strategies to ensure these standards are met, include: providing staff with training at monthly discipline/department meetings, review of challenges with implementation of standards at individual therapy/counselor supervision sessions, and accessing legal counsel for challenging cases as appropriate.

2.a. 7 – **Continuity of Operations/Disaster Plans:** Seasons has plans and protocols in place for continuity of Operations/Disaster Plans and copies are provided in Section 3.2.4.7 later in this document. The IO Psychologist is in the process of updating these plans and procedures.

<u>Criteria 2.B: Requirements for Timely access to Services and Initial and Comprehensive Evaluation</u> for New Consumers

- 2.b.1 Screenings, Risk Assessments, and Acuity of Need: Over the past two years, Seasons has implemented efforts to become and Evidenced-Based Organization (EBO). These efforts include processes and protocols that support the use of preliminary screenings and assessments at the time appointments are scheduled and for initial face-to-face appointments. Work flow diagrams have been developed for new grant-funded programs and services and are in the process of being developed for traditional services (therapy, substance abuse counseling, and psychiatric services). Seasons operates a 24/7 crisis line that is staffed by Seasons employees and emergency therapy slots are available each day to see clients who may be in crisis. The Psychological Testing Department began piloting a project in October 2015, to screen children at intake, using three evidence-based based screening tools. The results of these tools are used to guide treatment planning. The RPG program is part of a national comparison and cross-site evaluation that is using evidenced-based screening and assessment tools to guide program planning and measure program results. Seasons will expand screening, assessment, crisis planning, and the use of person-centered and family-centered treatment planning into CCBHC services, assuring clients and/or their families are part of the treatment planning.
- 2.b.2 Person-Centered and Family-Centered Treatment Planning: Working with the new Manage Care Organizations (MCOs), Seasons is implementing 90 day reviews of all treatment plans. These reviews provide an opportunity for clinicians and clients to update treatment plans and services when changes occur due a client response to treatment, goal achievement, and/or a change in the client's behavioral health status. This process will be used for clients accessing CCBHC services.
- 2.b.3 Scheduling Appointments for Routine and Emergency Needs: Seasons has processes in place for clients seeking either routine or emergency care services. Seasons maintains daily open therapy slots for clients needing emergency services. While in most instances clients can access routine appointments within a 10 day timeframe. Seasons has contracted with MTM Consultants for training and technical assistance in transitioning to Just in Time Scheduling, Same Day Access, and Collaborative Documentation.

Criteria 2.C: Access to Crisis Management Services

- **2.c.1.** Crisis Management Services-24/7 and within 3 Hours: All clients accessing services will be provided information on how to use Seasons' Crisis line. This line is staff by Seasons' employees and therefore can meet the CCBHC criteria for accessing services within three hours.
- **2.c.2.** Continuum of Crisis Prevention, Response and Postvention Services: Current policies and procedures will be updated to reflect the needs and programs of the CCBHC. CCBHC staff will be trained in crisis work flow processes, scheduling protocols, and treatment planning for postvention services. The crisis team is beginning to meet on a quarterly basis and CCBHC staff will be expected to participate in these meetings. Currently clients accessing the 24/7 crisis line receive care coordination and next-day follow-up by Seasons' Crisis Services Specialist. Staff will be trained in motivational interview and the use of evidence-based screening and assessment tools.
- 2.c.3 Crisis Management Services and Psychiatric Advanced Directives: Information is included in the intake packet for all clients accessing services regarding crisis management services and will be provided to all clients accessing CCBHC services. Since clients accessing CCBHC services may experience crisis and emergencies after receiving services at Seasons and may have forgotten about the crisis services

available, community education is and will be on-going. Billboards and radio ads have been and will continue to be used to disseminate information about the crisis line. Resource bags are provided to schools and other agencies to inform of the services provided by Seasons, stressing use of the 24/7 crisis line. Kid's Carnivals, Facebook, and wellness fairs represent other ways information is distributed throughout the community. Seasons' regular phone line is also the crisis line so a client does not have to remember two different phone numbers. Staff will be provided training on the use of Psychiatric Directives to encourage creating such documents for clients.

- **2.c.4** Partnerships with Local Emergency Room Departments (EDs): Seasons has effective working relationships with each of the local hospitals. As per the CCBHC criteria, the Crisis Services Specialist, working with the CCBHC Project Director will establish written protocols with each of the EDs to establish processes for working with clients experiencing a psychiatric crisis. Seasons currently has a management agreement with Avera that includes 6 EDs in our service area. Seasons will be moving into the Palo Alto County Hospital later this year.
- 2.c.5 Protocols with Local Law Enforcements: The Crisis Specialist and CCBHC Project Director will work with local law enforcement to establish processes for initiating services during and following a psychiatric crisis, including training and education regarding mental illness, addictions, and medication management. The CCBHC Care Coordination Specialist will work with internal (IHH, and CCBHC SUD Care Coordination) and external care coordination services to assist with this process. Seasons has an existing care compact and workflow developed with the Spencer Hospital and these documents can serve as resources for creating similar partnerships with other law enforcement agencies and EDs. Additional information is provided in Section 3.c.5 regarding specific CCBHC care coordination.
- 2.c.6 Crisis Plans Following an Emergency: The CCBHC Care Team and the ACT Teams will be responsible for working with a client to create, maintain, and follow crisis plans following an emergency. Additional information on precautionary crisis planning is provided in Section 3.a. 4.

Criteria 2.D: No Refusal of Services due to Inability to Pay

- 2.d.1 Commitment that No One Will be Denied Services Regardless of Ability to Pay: As a CCBHC, Seasons agrees to ensure no client is denied services, regardless of their ability to pay. Seasons has a sliding fee scale in place and support staff and care coordinators are and will be available to assist with completing financial eligibility paperwork, including Medicaid and other funding source applications. As previously stated, Seasons has access to funds to support non-traditional services that can address social determinants of health (safe housing and access to food, clothing and gas) that lead to stress and escalate into crisis situations.
- 2.d.2 Sliding Fee Scale: Seasons has a sliding fee schedule and will ensure it is publish in multiple locations such as a CCBHC website, waiting rooms, and include in intake packets. It will be translated into Spanish and other languages as necessary. Innovative strategies for assisting clients with disabilities will be pursued with care coordination teams.
- 2.d.3 Sliding Fee Scale and Reasonable Costs: Seasons sliding fee schedule is reviewed and updated annually to ensure costs reflect current federal poverty levels. A copy of Seasons 2016 Sliding Fee Schedule is provided in Section 3.2.4.7 of this application.
- 2.d.4 Sliding Fee Scale Policy and Procedures: Seasons has a Sliding Fee Scale Policy and Procedures plan in place. This policy will be added to policies developed for the CCBHC.
- Criteria 2.E: Provision of Services Regardless of Residence

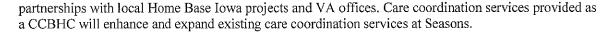
- 2.e.1 No One Will be Denied Services Because of Residence: As a CCBHC Seasons agrees to serve all clients regardless of residency, homelessness, and/or lack of a personal address. While the majority of clients accessing services at Seasons are from the nine counties in the service area and/or from counties adjacent to these counties, Seasons has provided services to nearly all 99 counties in Iowa, as a result of psychiatric services provided on the inpatient unit at Spencer Hospital, though telehealth contracts with agencies in central and eastern Iowa, and for clients accessing other traditional behavioral health services. Intake/Support Staff will receive training on this policy to ensure it is adhered to as they will likely be the first point of contact.
- 2.e.2 Protocols for Address Needs of Clients Who Do Not Live Close to Service Area: Since this is a brand new initiative Seasons will reach out to state and other grantee(s) to collaborate on how to effectively serve clients outside of our catchment area.
 - **1.3.1.2.1** The Contractor shall submit to the Agency current access timeframe data regarding Emergency, Urgent, and Routine needs as defined in section 2.b.1 of the Clinic Criteria on a quarterly basis during the Demonstration period. The first data submission is due on the 20th of the month following the first 3 months of operation of the CCBHC and every 3 months afterward.

The Vice-President of Patient Services will be responsible for this on an ongoing basis. The previously presented implementation timeline includes this as a required activity and this is a specific duty included within the VP of Patient Services Job Description.

1.3.1.3 Care Coordination: The Contractor shall provide Care Coordination services compliant with sections 3.A through 3.D in the Clinic Criteria. The CCBHC Care Coordination Chart located in the bidder's library also describes the types of Care Coordination required of a CCBHC. The Contractor shall directly provide Care Coordination for all CCBHC Individuals and shall directly provide or contract with a Medicaid-enrolled Integrated Health Home to provide Care Coordination for Individuals with a Serious Emotional Disturbance or a Serious Mental Illness. Care Coordination is a required activity for all Individuals served by the CCBHC, regardless of insurance coverage. Care coordination is not a billable service under the CCBHC reimbursement structure. Costs of care coordination for CCBHC Individuals not eligible for IHH per member per month payments can be included in the CCBHC cost report.

Criteria 3.A: General Requirements of Care Coordination

3.a.1 - Coordinated Care Across Systems: Seasons has experience providing care coordination across health and human service systems, and will build upon accomplishments and lessons learned from those projects. Examples of some of these initiatives include: (1) current IHH provider, (2) piloted Community Care Coordination Teams in Sioux and Clay counties, maintaining the team in Clay County, even after funding ended, (3) CCTP grant offers care coordination services in two counties, Buena Vista and Sioux, and (4) Specialized Substance Abuse Decat projects are or have provided care coordination services in all nine counties in the service area. A key element of the community care teams has been to identify social determinants of health that can negatively influence an individual's health and well-being, such as safe and affordable housing, unemployment, lack of education, lack of access to wellness and recreation opportunities. Many of the letters of support provided with this application evidence the collaboration Seasons has established with local health, education, and human services providers, including but not limited to: RIDES (Regional Transit Authority), Mid Sioux Opportunity, Inc, and Upper Des Moines Opportunity, Inc, (Community Action Agencies), ATLAS of Spencer and ATLAS of Sioux Center (Faith Based Organization), Dordt College and Buena Vista University to name a few. Seasons also works with veteran's organizations and contracts with TriCare for services for veterans. Seasons intends to expand



- 3.a.2 HIPPA and 42 CFR Part 2: Season has current policies and procedures in place for adhering to confidentiality, specifically HIPPA and 42 CFR Part 2. CCBHC job descriptions include a statement regarding this matter and the agency requires the use of release of information forms regarding the exchange and communication of information. Agency policies will be reviewed with the implementation of CCBHC services to further ensure compliance and all CCBHC staff will receive orientation and ongoing training regarding confidentiality.
- 3.a.3 Referrals to External Providers: Similar to other programs with care coordinators, a primary role of the CCBHC care coordinator and peer/family support staff will be to assist clients in obtaining appointments with external providers and confirming appointments are kept. Peer and Family Advocates will focus on supporting clients with personal choice and understanding confidentiality. These responsibilities are included with CCBHC job descriptions.
- **3.a.4** Consumer's Preferences and Need for Care: Another responsibility of the CCBHC staff, as previously noted, will be to assist client's in understanding the need for and creating crisis plans and advanced psychiatric directives. CCBHC staff will be provided training regarding this. Seasons will inform staff that clients have the right to seek services from other providers and Seasons will work with that provider to coordinate care for positive outcomes for the client.
- 3.a.5 Documentation of Reasonable Attempts: The CCBHC Nurse will be responsible for documenting reasonable attempts to determine if medications have been prescribed by other providers for CCBHC clients and inform other providers of medications prescribed by the CCBHC, when appropriate consent has been documented. Seasons will inform clients they have the right to seek services from other providers and will work with that provider to coordinate care for positive outcomes for the client. These responsibilities are included in the CCBHC Nurse's job description. All release of information is facilitated through Seasons Medical Records Department.
- 3.a.6 Freedom to Choose Other Providers: All CCBHC staff will receive orientation and on-going training to ensure clients have their choice of providers, whether with the CCBHC or with other entities.

Criteria 3.B: Care Coordination and Other Health Information Systems

3.b.1 – Health Information System: The Anasazi Software program currently being utilized by Seasons, will track client program data, including any changes in sub-population disparities in access, use, and outcomes for services provided by specific program. Seasons began using the Anasazi Software program in 2010 for fiscal and program management, including program data collection and evaluation planning. Anasazi Software was created specifically to meet the emerging technology needs of community mental health centers including a comprehensive billing system, as well as providing fiscal and human resource components. Additionally, the software includes a full electronic medical record system, including assessments, treatment planning and progress noting, a complete managed care system, a cost accounting system and finally an e-prescribing system. Seasons uses reports created through Anasazi to share program and fiscal results, including productivity and client satisfaction, with the leadership team, clinicians, and the agency's board of directors. The regular review and tracking of productivity rates and satisfaction for meeting health care outcomes by clients and community partners has been instrumental in the growth experienced by the agency over the past several years. Seasons employs a fulltime Vice-President of Information Technology and recently hired an additional IT staff member to provide support due to the growth of the agency.

- 3.b.2 Health IT for Other Activities: The Anasazi program has the capacity to report on data to manage population health, quality improvement, and for research and outreach. The CCBHC Project Director will work with the IT staff to create data collections and report formats for this purpose. Seasons currently uses Anasazi for this purpose with other grant funded projects.
- 3.b.3 Collect Structured Health IT Information: The CCBHC Project Director and the Vice-President of IT will work with grant staff from DHS to identify specific data to be tracked and monitored and reports that can be generated with the current electronic health records program that Seasons uses. The VP of IT will work with Anasazi IT staff to assist with this process
- 3.b.4 Work with DCOs to Ensure Consent, Confidentiality, and Privacy: Seasons does not intend to contract with any DCOs.
- 3.b.5 IT Plan as a Means to Improve Care Coordination: Seasons does not intend to contract with any DCOs.

Criteria 3.C: Care Coordination Agreements

- 3.c.1 Agreements with FQHCs: There are two FQHC's in the proposed service area: Promise Community Health Center (PCHC), located in Sioux Center (Sioux County) and United Community Health Center (UCHC) located in Storm Lake (Buena Vista County). Seasons provides outpatient treatment services at PCHC through a contractual agreement. PCHC has provided a Letter of Reference with this application. Seasons has previously provided services on-site at UCHC, however, due to the growth in services provided by both agencies, Seasons relocated to a larger facility in Storm Lake. Seasons is credentialed at both locations. Both agencies have provided Letters of Reference for this application. If funded, Seasons will work with both FQHC's to develop community care coordination agreements, outlining respective roles and responsibilities.
- 3.c.2 Care Coordination with In-Patient Psychiatric Treatment: Seasons currently contracts with Spencer Hospital's 15 bed in-patient psychiatric unit to provide psychiatric services to patients on the unit. As a result of this relationship, Seasons and the Spencer Hospital have an existing care coordination agreement. If funded, Seasons will review and revise as applicable this care coordination agreement to reflect roles and responsibilities as required for a CCBHC. Spencer Hospital, Avera Medical Group, and Seasons staff participate in (at minimum) quarterly meetings to address the behavioral health concerns of our mutual clients.
- 3.c.3 Care Coordination Agreements with Community and Regional Services: Seasons has positive working relationships with many education, health, and human service providers within the service area. If funded, Seasons will establish care coordination agreements with many of these entities to meet the requirements for a CCBHC. Letters of Support provided within this application evidence the support Seasons has received for moving forward with becoming a CCBHC. Agencies submitting letters include schools, community action agencies, faith-based organizations, child-welfare serving agencies, and domestic and victim services programs.
- 3.c.4 Care Coordination Agreements with Veteran's Affairs: Seasons is a Tri-Care provider and works with local Veteran's Administration agencies. Seasons has recently added additional questions to agency intake forms to better track services provided to individuals on active duty and veterans. With the CCBHC program services, Seasons will create a Veterans Services Specialist to lead and direct services targeting this special population. Additional information will be provided with information described in Criteria 4K.

3.c.5 Care Coordination Agreements with In—Patient Acute-Care Hospitals: Seasons has positive working relationships with local hospitals within the service area. If funded, Seasons will establish care coordination agreements with many of these entities to meet the requirements for a CCBHC. As previously stated, Seasons currently contracts with Spencer Hospital and is co-located at the Sibley Hospital. Plans are underway to co-locate at the hospital in Emmetsburg. Seasons has previously had offices in the Spirit Lake hospital and outgrew this space. Letters of Support have been received from several hospitals. If funded, Seasons will review and revise as applicable this care coordination agreement to reflect roles and responsibilities as required for a CCBHC.

Criteria 3.D: Treatment Team, Treatment Planning and Care Coordination Activities
3.d.1 Person-Centered and Family-Centered: The CCBHC care coordination treatment team include the client and family/caregivers as identified by the client. Other team members, at a minimum, will include the CCBHC Nurse and CCBHC Care Coordinator as well as any other individuals as identified by the client.

3.d.2 Designation of Interdisciplinary Teams: The proposed model replicates the membership of the care teams currently being used by the IHH program for both pediatric and adult IHH services. It has been an effective model of care in promoting person-centered and family-centered services. Policies and procedures will be developed to define the roles and responsibilities of the teams as well as the individual responsibilities for each team members. The Community Care Coordination Specialist will lead the development and implementation of care coordination and treatment teams.

3.d.3 Coordinated Care with DCOs: Seasons does not intend to with any DCOs for CCBHC services.

1.3.1.3.1 The Contractor shall have a policy establishing Care Coordination responsibilities with other Care Coordination and case management entities when an Individual receives case management or Care Coordination services through an agency that is outside the CCBHC or its DCO. The policy shall be submitted to the Agency for review and approval by September 15, 2016 as part of the certification process.

As required, Seasons will submit a policy establishing Care Coordination Responsibilities with other Care Coordination and Case Management Agencies for approval and review by September 15, 2016. This activity is included on the implementation timeline. Seasons has an existing policy with the Spencer Hospital and this will be reviewed by the CCBHC staff. External agencies that provide care coordination that Seasons will work with through this policy will include, Avera (Spencer, Spirit Lake, Estherville, and Sibley), Child Health Specialty Clinic, Sioux County Community Care Coordination Team (SIM project), Department of Human Services Case Management, Northwest Iowa Care Connections, Promise Community Health Center and United Community Health Center, Sanford Health Homes, and the Veteran's Administration.

1.3.1.3.2 The Contractor shall submit to the Agency for review and approval the plan referenced in Clinic Criteria 3.b.5 by July 1, 208. The Contractor shall implement the Agency-approved plan by October 1, 2018.

Seasons does not intend to contract with any DCOs for CCBHC services.

1.3.1.3.3 The Contractor shall submit to the Agency a list of all agencies that the Contractor has executed Care Coordination agreements with during the Demonstration Program period. Care Coordination lists are due on January 3, 2018 and January 3 2019.

The project implementation timeline includes activities for executing Care Coordination Agreements on these due dates. The Project Director will be responsibility for this activity.

1.3.1.4 Contracting with Designated Collaborating Organizations: The Contractor shall establish a Formal Relationship with any Designated Collaborating Organization (DCO) that will provide any of the following required services: ACT, Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans, MAT, Peer Supports, Peer Counseling and Family/Caregiver Supports, Psychiatric Rehabilitation, and Integrated Health Home care coordination.

Seasons does not intend to contract with any Designated Collaborating Organizations (DCOs) for CCBHC services.

1.3.1.4.1 The Contractor shall provide copies of formal DCO agreements to the Agency by September 15, 2016 and when revised, terminated, or added.

Seasons does not intend to contract with any Designated Collaborating Organizations (DCOs) for CCBHC services.

1.3.1.4.2 The Contractor shall certify by September 15, 2016 that all DCO's providing substance use disorder services are agencies funded by the IDPH Substance Abuse Prevention and Treatment Block Grant.

Seasons does not intend to contract with any Designated Collaborating Organizations (DCOs) for CCBHC services.

1.3.1.5 CCBHC Scope of Services: The Contractor shall provide the nine required behavioral health services in sections 4.B through 4.K of the Clinic Criteria. The Contractor and the Contractor's DCO shall be enrolled providers with Iowa Medicaid Enterprise for all CCBHC services. The required services are:

- Crisis Behavioral Health Services (provided directly or by State-Sanctioned Crisis Service Provider)
- Screening, Assessment and Diagnosis (provided directly)
- Person-Centered and Family-Centered Treatment Planning (provided directly)
- Outpatient Mental Health and Substance Use Disorder Services (provided directly unless otherwise allowed in the RFP and Clinic Criteria)
- Outpatient Clinic Primary Care Screening and Monitoring (provided directly or by DCO)
- Integrated Health Home Services and Substance Use Disorder Case Management (provided directly or by DCO)
- Psychiatric Rehabilitation (provided directly or by DCO)
- Peer Supports, Peer Counseling and Family/Caregiver Supports(provided directly or by DCO)
- Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans (provided directly or by DCO)

Criteria 4.A: General Service Provisions

4.a.1 – **Provisions of Care** – **PAMA:** Seasons will provide all the required services directly: crisis services; screening, assessment, and diagnosis; person-centered treatment planning; outpatient behavioral

health services; outpatient primary care screening and monitoring; targeted case management; psychiatric rehabilitation; peer and family supports; and intensive community outpatient behavioral health care for members of the US Armed Forces or veterans.

- 4.a.2 DCOs: Seasons does not intend to contract with any DCOs.
- **4.a.3 Grievance Requirements:** Seasons has existing grievance procedures that have been approved by accrediting entities and Medicaid.
- 4.a.4 DCO Meet Same Quality Standards: Seasons does not intend to contract with any DCOs.
- **4.a.**5 Other Care Organizations Satisfy These Criteria: The CCBHC Community Care Coordinator will assure all agencies the CCBHC coordinates care with meet these criteria.

Criterial 4.B: Requirement of Person-Centered and Family-Centered Care

- **4.b.1 Person-Centered and Family-Centered Care:** Strategies to ensure patient-centered and family-centered care is provided include: training or new staff at orientation, review of the practice during supervision, review at annual evaluations, chart reviews of treatment plans, surveys and interviews with clients, and surveys and interviews with family members. Seasons currently follows SAMSHA's definition of recovery: "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential".
- 4.b.2 Cultural Needs of Individuals: Seasons prides itself on providing culturally responsive services. The agency contracts with professors from the University of Northern Iowa, recognized for their expertise in cultural competency, to provide trainings on a regular basis to staff and community members on this topic. Seasons is piloting a Cultural Competency Treatment Project (CCTP) grant with the Iowa Department of Public Health to provide culturally responsive substance abuse treatment and prevention services in Buena Vista and Sioux Counties, including care coordination.

Criteria 4.C: Crisis Behavioral Health Services

4.c.1 – **Directly Provide Three Crisis Services:** Seasons currently provides emergency crisis services by offering a 24/7 crisis line, staffed by Seasons' employees. Emergency appointment slots are kept available to respond to the need for emergency services. Seasons has done research and planning to provide crisis stabilization services and implement mobile crisis teams. The lack of funding has prohibited the agency from moving forward with these two services, therefore, with CCBHC funding, Seasons will be able to implement the required services as a CCBHC.

Criteria 4.D: Screening, Assessment, and Diagnosis

- **4.d.1**—Directly Provide Screening, Assessment, and Diagnosis: Seasons has been operating as a community behavioral health center since 1959 and offering substance abuse prevention and treatment services since 2012 and is therefore has expertise in providing screening, assessment, and diagnosis for behavioral health conditions. As appropriate, referrals will be made to agencies and professionals with expertise outside the scope of services provided by Seasons as a CCBHC.
- **4.d.2** *Timely Services:* Seasons is continuing to adopt strategies to assure services to clients are timely. Seasons has contracted with MTM Consultants for training and technical assistance with Just in Time Scheduling, Same Day Access, and Collaborative Documentation to assist with the timely delivery of services.
- **4.d.3** *Minimum Requirements:* Comprehensive behavioral health evaluations currently conducted by Seasons include the minimum requirements as set forth with the CCBHC requirements; preliminary

diagnoses, referral source, reason for care as stated by consumer/family, clinical care needs related to mental health and substance abuse, list of current prescriptions and over the counter medications, risk of harm to self or others and other suicide factors, consumer's concern for their own safety, assessment of need for medical care, and involvement with US Armed Services. Seasons has not always asked about military background, but has recently added this to the intake an assessment process.

- **4.d.4** Comprehensive Evaluation Completed Within 60 days: As a behavioral health center, Seasons currently employs providers with the ability to complete comprehensive evaluations at multiple locations across our nine-county services area, assuring evaluations are completed within 60 days to meet this requirement.
- 4.d.5 Comprehensive Diagnosis Treatment Planning Evaluation: As a long-standing behavioral health center, Seasons has the capacity and expertise to conduct the 12 evaluation requirements as set forth within the CCBHC Clinic Criteria. Seasons currently includes these types of screenings and assessments with comprehensive evaluations: reason(s) for seeking services and presenting symptoms; psychosocial evaluation; diagnostic assessment; assessment of imminent risk; competency/cognitive screening; drug profile; description of attitudes and behaviors; consumer's strengths, goals, and recovery planning; pregnancy and parenting status; assessment of need for other services; assessment of social service needs; and primary care screening and health risk factors.
- 4.d.6—Accountable to Requirement 5 and Appendix A: Seasons is a behavioral health center and currently completes behavioral health screenings and assessments and is therefore able to collect the necessary data and quality measures as required in Appendix A: Quality Measures and Other Reporting Requirements. Seasons manages multiple grant funded projects that require similar data collection processes. The agency is currently part of a national cross-site and comparison evaluation project for a Regional Partnership Grant (RPG), with the Children's Bureau, and collects and uploads data into a central depository for the evaluation.
- 4.d.7 Standardized and Validated Tools: The Vice-President of Clinical Services, Dr. Natalie Sandbulte, is a clinical Psychologist. She has been instrumental in providing expertise with the use of validated screening and assessment tools and brief motivational interviewing techniques. The RPG grant uses a series of 8 validated screening and assessment tools to assess child well-being, family functioning, and adult recovery. Seasons is currently piloting the use of 3 screening and assessment tools for all children at the time of referral: Trauma Symptoms Checklist for Young Children, the Behavior Rating Inventory of Executive Function (BRIEF), and the Child Behavior Checklist. In the Fall of 2015 all employees at Seasons were trained in Motivational Interviewing (MI). Mental health clinicians and substance abuse counselors are trained in using brief screening tools.
- **4.d.8** *Culturally and Linguistically Appropriate Tools:* As Seasons continues to work with individuals from other cultures, many of whom speak other languages, screening and assessment tools are being reviewed to ensure the tools are culturally and linguistically appropriate.
- **4.d.9** –**Brief Screenings for Alcohol:** As a behavioral health center, Seasons currently screens for unsafe substance use, is able to conduct brief interventions, and if appropriate, refer for a full assessment and treatment. Seasons has both therapists and substance abuse counselors at most office locations and is often able to introduce clients to the substance abuse counselor in the event a referral is recommended. Seasons substance abuse staff have provided training on SBIRT to community partners.

Criteria 4.E: Person Centered and Family-Centered Treatment Planning

- **4.e.** *1 Directly Provide Person-Centered and Family-Centered Services:* Seasons currently provides person-centered and family-centered treatment planning and will continue to do so as a CCBHC, adhering to requirements as set forth for a CCBHC.
- 4.e.2 Individualized Treatment Plan: Seasons currently has the client and if necessary family involvement with the development of treatment plans. As a current IHH provider, Seasons has enhanced practices with regard to consumer and family involvement as a result of the recommendations received from IHH Peer and Family Support Specialists. Treatment plans are guided by and created with input from the client, and a client signature is obtained to verify agreement. Seasons is in the process of moving towards Collaborative Documentation, which will further improve client involvement in the creation of their treatment plan.
- **4.e.3** Consumer Assessment to Inform Treatment Plan: Consumer self-assessments are currently used and will continue to be used with treatment planning as a CCBHC.
- **4.e.4** Treatment Plan Capturing Consumer Words and Ideas: As previously noted, Seasons is working with current IHH Peer and Family Support Specialists to improve skills in understanding and documenting needs, strengths, abilities, preferences, and goals using a client's own words and ideas and/or those of family members.
- **4.e.5 Comprehensive Treatment Plan:** Seasons currently uses comprehensive, individualized treatment plans for all clients. The plans are being reviewed at a minimum of every 90 days with the client and/or family members. Clients and/or family members sign off on each individual treatment plan to evidence understanding and agreement to the plan and are provided a copy of the plan. Seasons will continue to use this shared decision-making approach with CCBHC services and treatment planning.
- **4.e.**6 Special Problem Consultation: In the process of treatment planning, clinicians will be mindful of assessing and inquiring about other special problems that may be occurring in the client's life that are not present during the initial referral and intake process. Specifically, Seasons screens all clients for trauma and adverse childhood experiences (ACEs), using both formal and informal screening and assessment processes and tools. As a CCBHC, Seasons will continue to screen all clients for trauma and ACEs, with standardized screening tools adopted that are evidence-based.
- **4.e.7- Consumer Advance Wishes on Treatment and Crisis Planning:** As a CCBHC, all clients and/or their families will be asked to identify their wishes on treatment, specifically crisis planning with this information documented within the treatment plan. In the event, the client/family refuses to share their wishes this will be documented as well. Clinicians will review and update this information at the 90 day treatment plan review.
- **4.e.8- State Requirements:** Seasons understands the State may require additional information for treatment plans based on the needs assessment and Seasons will comply with those requirements. As previously stated, Seasons manages multiple grants and has experience modifying and adapting processes to meet special funding requirements.

Criteria 4.F: Outpatient Mental Health and Substance Abuse Services

4.f.1 – Directly Provide Outpatient Mental Health and Substance Abuse Services: As a CCBHC Seasons will provide the required services: therapy and counseling (individual, family and group), substance abuse counseling, assessment and screening for mental health and substance-use disorders, psychiatry, medication management by a licensed prescriber, and medication assisted treatment (MAT). Seasons currently provides all of these services except MAT and is in the process of setting of policies

and procedures to provide this service. A Psychiatrist employed by Seasons has agreed to be trained as a MAT prescriber.

Seasons is accredited through 441 Iowa Administrative Code Chapter 24 as a Community Mental Health Center (CMHC) and accredited through 641 Iowa Administrative Code Chapter 155 as an outpatient substance use disorder provider (SUD).

Clinical services are directed by Natalie Sandbulte, Psy.D,. Dr. Sandbulte is a Licensed Clinical Psychologist-Health Service Provider and she is Vice-President of Clinical Services at Seasons. She joined the Seasons team of professionals in January 2013. Dr. Sandbulte received both her Masters in Clinical Psychology and her Psy.D. in Clinical Psychology from Wheaton College. Dr. Sandbulte has been instrumental in building a high quality Psychological Testing Department, promoting and leading efforts to implement evidence-based and trauma-informed programs and services. She is responsible for overseeing the clinical operations of the agency. Dr. Sandbulte will provide supervision to ensure programs and services are evidence-based, trauma-informed, culturally-responsive, and implemented with fidelity.

Dr. Sandbulte will provide support to the Vice-President of Patient Services, who will also serve as the Project Director. This position is currently vacant, pending receipt of the CCBHC grant funding. The Bidders Experience, provided with Tab 5, provided details regarding the leadership and management plan offered by Seasons to support the CCBHC.

4.f.2 – Minimum Set of Evidence-Based Practices: Seasons is prepared to implement the set of evidencebased practices chosen by Iowa. Of those EPB's, Seasons is currently providing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Motivational Interviewing (MI). Clinicians were first trained in TF-CBT in 2013 and MI in 2015. Seasons has been preparing to offer Intensive Psychiatric Rehabilitation (IPR) services for the past several years and is currently in the process of becoming accredited. Policies, procedures, and forms have been adopted and approved by the state. Job descriptions are in place and Seasons is in the process of hiring two staff for this new service, an IPR Specialist and an IPR Practitioner. Seasons has researched the use of the program, Feedback Informed Treatment, and will offer that EBP as well. The agency is prepared to sent staff to the upcoming training that is to be offered later this year. As previously stated, Seasons is preparing to provide Medication Assisted Treatment (MAT). Finally, Seasons has also been researching and preparing to offer Assertive Community Treatment (ACT) teams. Seasons recognizes this will be the most challenging EBPs to start-up and implement, given the individualized elements of the program and the ruralness of the service area. Nonetheless, the leadership team for Seasons is excited to move forward with this program, given the positive outcomes to be realized for persons with serious and complex psychiatric conditions. Initially, Seasons intends to reach out to the other ACT Teams operating across the State, new CCBHC grantees, and program developers for further training and technical assistance with implementing the program in a rural geographic setting and mental health provider shortage area. Seasons is confident with this training and support, the program can be effectively implemented in a rural setting with fidelity.

A list of other evidence-based programs and services offered by Seasons is provided in Tab 5: Bidder's Experience.

4.f.3 – Developmental Appropriate, Youth-Guided, and Family-Driven Services: Clinicians at Seasons are trained and have the clinical tools and resources to provide services to clients that are developmentally and age-appropriate. Evidence-based screening and assessment tools specify the appropriate age group the tool is designed to be used with. Evidence-based therapies target specific age groups as well, such as Parent Child Interactive Therapy (PCIT), focuses on children age 3-7 with behavioral concerns and TF-CBT targets children ages 3-21, who have been exposed to or experienced trauma, including but not

limited to: PTSD, depression, anxiety, externalizing behavioral problems, relationship and attachment problems, school problems and cognitive problems. Seasons offers Psychological Testing services. This department/discipline is staffed by two doctorate prepared Psychologists, therefore, when clinicians have questions regarding treatment plans, psychological testing can be completed to help guide treatment planning that is appropriate to age, level of functioning, and culture. Clients and/or families participate in personal feedback sessions with the Psychologist to learn about all testing results and participate in treatment recommendations.

4.f.4 – Comprehensive Services: Seasons is committed to providing comprehensive services to children and adolescents. Evidencing this commitment is the opening of Autumn's Center in the next few months (September 2016). Autumn's Center was named in honor and memory of Autumn Elgersma, of Orange City, Iowa who died on October 31, 2013 after being hospitalized for two days due to the abuse she endured while in the care of her babysitter. Autumn was three years old when she died. Autumn's Center will provide specialty care for children ages 0-21 who have experienced abuse, neglect, bullying, grief, loss, divorce of parents, parental substance abuse or who have developmental conditions such as a spectrum disorder, to name a few conditions. At Autumn's Center, a specialty care team will work with children and their families to ensure the child's needs are being met using evidence based practices in a safe environment, including a sensory room, play therapy room, PCIT room, as well as healing gardens outside. Inside the over 10,000 square foot building will be sound-reduction walls for privacy, specialty furniture for infants, toddlers, all the way up to adults.

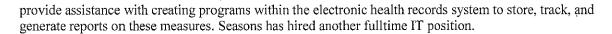
Autumn's Center contains family meeting rooms and larger conference room space to host feedback sessions and individualized team meetings with family/caregivers, schools, healthcare and human service agencies, and other community partners as appropriate.

Criteria 4.G: Outpatient Clinic Primary Care Screening and Monitoring

4.g.1 – Directly Provide Outpatient Primary Care Screening and Monitoring: Outpatient psychiatric providers currently do primary care screenings for weight, blood pressure, pulse, and medical history (heart conditions, diabetes, allergies, and medications) at each visit. IHH staff conduct risk stratification assessments for each client at intake and this information includes weight, blood pressure, BMI, medical history, and medications. This information is updated at a minimum of annually. Clinicians work on a case by case basis with medical providers for monitoring specific health conditions of a patient. Crisis/emergency staff screen for medical conditions and refer to emergency rooms as necessary. Seasons will create an implementation team comprising of, at a minimum, nursing, support staff, psychiatric providers, and peer and family/peer representative to determine workflows needed to more effectively operationalize these screenings and assessment for all CCBHC clients. Staff training will be provided at orientation and integrated into the staff training plan. Health histories will include questions relating to abuse, trauma, military involvement, culture, and literacy.

Substance Abuse Counselors monitor medical conditions with primary care providers for clients with current and prior substance use. Information on primary care screening and monitoring is documented in a client's health record. As a CCBHC, Seasons will add additional screening practices and monitor other health indicators and risk factors as required. A Nurse Care Manager (1.0 FTE) will be hired to lead and direct the primary care screening and monitoring for CCBCH services.

Seasons intends to track and report on key health measures as required by the State and outlined in Appendix A: Quality Measures and Other Reporting Requirements. (Updated 5-12-16). Seasons will continue to track other key health indicators as required and/or requested by specific grant programs and review that data with the CCBHC data to guide individual treatment, agency-wide programming, and look at population health risk indicators for rural northwest Iowa. Seasons employs a fulltime staff member to



Criteria 4.H: Targeted Case Management Services

4.h.1 – Directly Provide Targeted Case Management Services (TCM): Seasons has been offering IHH services since July 1, 2014. IHH services assist individuals in sustaining recovery, gaining access to needed medical, social, legal and educational, and other services and support. Case management services have been a key function of the IHH staff from the beginning. Each IHH client is provided with a care coordinator who provides case management services, a peer who knows what it might be like to walk in their shoes and a nurse who can help make sure the client is getting or staying healthy. Specifically, IHH services provide support for clients at high risk of suicide and during times of transition, such as from an emergency room visit or psychiatric hospital discharge.

Seasons has been piloting the use of case management services for the substance abuse discipline over the past several years through grant funding. In the Spring of 2014, Seasons was awarded a grant from the Iowa Department of Public Health to pilot a Culturally Competent Treatment Project (CCTP) in two counties, Buena Vista and Sioux. Case Management services are provided by the Substance Abuse Counselors, as a service for clients enrolled in this program and range from an hour a week to several hours per week, depending on the case and need for services. Interpreters and print materials provided in Spanish are used as necessary to facilitate communication. The project started on July 1, 2014 and was to end on June 30, 2016, however, IDPH is extending funding for a third year through June 30, 2017. A program, Specialized Substance Abuse Services, has been piloted in 7 of the nine counties in the service area (Buena Vista, Clay, Dickinson, O'Brien, Osceola, Lyon, and Sioux) over the past two years. Funding is provided by local child welfare decategorization projects. A key feature of this program is case management/care coordination services, facilitated by the client's Substance Abuse Counselor. Funding has been confirmed for four of the counties (Clay, Dickinson, O'Brien, and Osceola) for this upcoming fiscal year and a grant was just awarded for two additional counties (Emmet and Palo Alto). Decat projects did not have funding for the other counties for the upcoming year.

Seasons also provides Case Management services to individuals with intellectual disabilities. Services are provided by qualified staff with extensive experience. Individuals are provided support and assistance in becoming more independent, self-sufficient and productive members of their communities. Seasons has a strong network of agencies and providers across the nine-county region. While certain diagnostic and funding requirements must be met in order to be admitted into ongoing case management services, Seasons provides educational assistance and resource information to all.

Criteria 4.I: Psychiatric Rehabilitation Services

4.i.1 – Directly Provide Psychiatric Rehabilitation Services: Seasons is currently in the process of becoming accredited to provide Intensive Psychiatric Rehabilitation (IPR) services. Policies, procedures, and forms have been adopted and approved by the state. Job descriptions are in place and Seasons is in the process of hiring two staff for this new service, an IPR Specialist and an IPR Practitioner. There are currently two strong applicants for these positions; one is certified to provide program services and meets all the required qualifications and the other individual would need to complete training requirements. Program implementation for offering services is contingent upon the hiring the staff positions and could begin as early as July 2016. The new service will be supervised by Vanessa Jorgenson, Vice-President of Community Services.

IPR services have been designed to restore, improve, or maximize an individual's level of functioning, self-care, independence, and quality of life. Seasons' IPR services will be provided by caring, compassionate, and qualified staff that assist individuals in recovering their ability to perform a valued role in society. Seasons' IPR services will be provided where individuals live, work, learn, and socialize,

and are offered in individual or group settings. Services will provide support for medication management, self-management, training in personal care, individual and family psych-social education, community integration services, recovery support services, financial management, and dietary and wellness education. The program model is based on the Boston University Model.

Criteria 4.J: Peer Supports, Peer Counseling and Family/Caregiver Supports

4.j.1 – Directly Provide Peer Support, Peer Counseling and Family/Caregiver Supports: Seasons has experience providing peer and family support and counseling through several programs. Prior to offering IHH services, Seasons administered a Peer Support Program. Program services primarily targeted adults with a chronic mental health diagnosis (bi-polar, schizophrenia, and depression). Peer support staff worked part time and were supervised by a Licensed Independent Social Worker (LISW). Unfortunately, hiring and maintaining a workforce of peer supports for this program has been a challenge and currently there are not peer supports for this program. The IHH program currently employs 4 individuals in Peer Support positions and 3 Family/Peer Support positions.

The proposed Peer and Family/Peer Support Services will model the IHH program services for Peer and Family Peer Support. Peer and Family/Peer Support staff will serve as a member of a client's CCBHC care team, working with a CCBHC Care Coordinator and nursing staff.

<u>Criteria 4.K: Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Military</u>

4.k.1 – Services to Members of US Armed Forces and Veterans Living a Distance from Services: As a CCBHC, Seasons intends to provide the required services to Veterans, specifically those that live 50 miles or more form a Military Treatment Facility (MTF) and Veterans who living 40 miles or more form a VA Medical Facility. The nearest MTF is located in Sioux Falls approximately 105 miles from Spencer and the nearest VA Medical Facility is located in Spirit Lake, approximately 21 miles from Spencer. However, outlying communities exceed the 40 mile guideline; with Storm Lake nearly 60 miles away and Sioux Center nearly 75 miles away. Therefore, most veterans in our area would be eligible for CCBHC services.

4.k.2 – All Individuals are Asked About Military Status: Seasons' intake forms currently ask about military involvement and veteran status. Comprehensive intake evaluations gather more information regarding military status for individuals and their families. Persons affirming military status will be offered CCBHC assistance as required: Active Duty Service Members (ADSM) will use MTF Primary Care Managers; ADSM's and Reserve members can enroll in TRI-CARE; and Members in the Select Reserve, not on Active Duty (AD) are eligible for TRI-CARE.

Seasons intends to hire a Veterans Services Specialist to lead and direct service for veterans accessing CCBHC services.

4.k.3 – Assure Integration or Coordination of Care Between Substance Use and Mental Health: Members of the armed forces and veterans will received coordinated mental health and substance abuse services as previously described within CCBHC general conditions.

4.k.4 – Assigned a Principal Behavioral Health Provider: As required, each veteran seen for behavioral health services will be assigned a Principal Behavioral Health Provider (PBHP) to perform responsibilities such as: maintain regular contact; confirm there is a review of psychiatric medications by a psychiatric provider, monitor the coordination of the veteran's treatment plan and assuring his/her input is captured, monitor and document implementation of the treatment plan, assure the treatment plan is reviewed every 90 days, assure the principle therapist or PBHP communicates with him/her and/or their

family regarding the treatment plan, and verify the veteran consents to the treatment plan. The Veterans Services Specialist will assign the PBHP to a veteran and document this in the health record.

4.k.5 – **Recovery-Oriented Services:** The Veterans Services Specialist will assure SAMHSA's definition of recovery is embedded into program service elements of the CCBHC services. The Specialist will provide internal and external training to educate on this definition of recovery. Seasons, as an agency, has been building programming around SAMSHA's definition, of recovery over the past several years however, the three specific principles related specifically to military and veterans will be promoted: Privacy, Security, and Honor. Care for veterans will conform to this definition and principles.

To review, recovery is defined as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." The 10 guiding principles are: Hope, Person-driven, Many pathways, Holistic, Peer support, Relational, Culture, Addresses Trauma, Strengths/responsibility, and Respect.

4.k.6 – Culturally Competent: Once again, the Veterans Services Specialist will lead efforts to ensure services for individual in the military or veterans are culturally competent. Specifically, culturally competent services will include education to staff to understand the unique experiences and contributions of those who serve in the military and issues of race, ethnicity, age, sexual orientation, and gender identity.

4.k. 7 – **Behavioral Health Services:** A veteran's behavioral health treatment plan will include specific information as defined CCBHC Criteria: diagnosis, approaches to monitor outcomes, interventions to reduce symptoms. The Veterans Services Specialist will work with clinicians to assure services are recovery oriented and are developed with input from the veteran and his/her family if appropriate. The Veteran Specialist will conduct chart audits to ensure this information is accurately provided and maintained. This individual will provide ongoing training to clinicians regarding these requirement.

1.3.1.5.1 Crisis Behavioral Health Services: The Contractor shall directly provide crisis behavioral health services listed in section 4.C of the Clinic Criteria, unless the Contractor contracts with an existing State-Sanctioned Crisis Service Provider to provide the required crisis services. If the State-Sanctioned Crisis Service Provider does not serve the Contractor's entire catchment area or provide all of the required services, the Contractor shall directly provide or contract with the State-Sanctioned Crisis Service Provider to ensure that all required crisis services are available in the catchment area.

The crisis services to be provided directly or through a State-Sanctioned Crisis Service Provider are:

- 24 hour Mobile Crisis
- Emergency Crisis Intervention Services
- Crisis Stabilization Services

Seasons will directly provide crisis management services. Narrative was previously provided in reference to section 4.C of the Clinic Criteria.

Emergency Services are provided 24 hours per day 7 days per week to assist individuals and families who have an emergent need. Services can be accessed by dialing 1-800-242-5101. Seasons provides these services when: individuals or family members feel that they or a loved one are a danger to themselves or others; individuals feel overwhelmed and need to speak to a crisis counselor right away; and/or onsite assistance arising from a traumatic event such as a death or injury in the workplace, natural disaster, car

accident, suicide, homicide, or other such traumatic events. The crisis line is answered by a staff person from Seasons 24/7, 7 days per week. Emergency slots with a licensed therapist and/or psychiatric provider are available Monday through Friday for those individuals that need to be seen. When necessary, Seasons is able to deploy a team of professionals for crisis debriefings, such as suicides, sudden deaths, and home fires. Seasons has contracted with Employee Assistance Programs (EAPs) to do debriefing and counseling. Over the past several years, Seasons has done planning around the use of crisis chairs, beds, and mobile crisis teams. Seasons has applied for accreditation for Crisis Evaluation, Mobile Crisis, and 24 Hour Crisis Line services with the state. A lack of a funding source has been a key obstacle with moving forward with these services. Staff from Seasons, along with law enforcement, hospitals, medical clinics and mental health regional employees, participate on a Regional Crisis Team to assess community needs, service gaps, and identify strategies to address needs and gaps. With CCBHC funding, Seasons will move forward with implementation of crisis stabilization services and mobile crisis teams. An Implementation Team will be established to create and operationalize the work that has been completed to implement these two services.

1.3.1.5.1.1 The Contractor shall provide the following levels of the ASAM criteria for ambulatory detoxification either directly, through DCO or through referral as indicated below:

- Level 1-Withdrawal Management: Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery. (Directly)
- Level 2-Withdrawal Management: Moderate withdrawal with all-day withdrawal management support and supervision; at night, has supportive family or living situation, likely to complete withdrawal management. (Directly or DCO)
- Level 3.7-Withdrawal Management: Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, or nursing monitoring. (Directly, DCO, or by Referral-costs of this service may not be reimbursed through the CCBHC PPS)

Seasons will provide ambulatory detoxification for each of the aforementioned Level of Withdrawal Management. Seasons currently provides Level 1 – Withdrawal Management with current services provided for outpatient substance abuse treatment services. Seasons' outpatient substance abuse programming incorporates three distinct levels of care provided by the American Society Addiction Medicine (ASAM) criteria. These levels of care include Intensive Outpatient (IOP), Extended Outpatient (EOP) and Continuing Care (CC.) Therapists use a variety of interventions to facilitate goal achievement no matter the level of care provided. In addition to individual therapy, outpatient services are also provided in family and/or group therapy modalities. With CCBHC funding, Seasons will expand outpatient service to provide Level 2 – Withdrawal Management. Level 3 – Withdrawal Management will be provided through expanded services at Seasons and with referrals to local hospitals. Business Associate Agreements will be put in place to define roles and responsibilities. The SUD Nurse Care Coordinator will facilitate the design, implementation, and monitoring of the withdrawal management plans and processes.

1.3.1.5.2 Screening, Assessment, and Diagnosis: The Contractor shall directly provide screening, assessment, and diagnosis for behavioral health conditions as stated in section 4.D of the Clinic Criteria.

Seasons will directly provide screening, assessment, and diagnosis for behavioral health conditions. Narrative was previously provided in reference to section 4.D of the Clinic Criteria.

1.3.1.5.3 Person-Centered and Family-Centered Treatment Planning: The Contractor shall directly provide person and family-centered treatment planning, including but not limited to risk assessment and crisis planning as stated in section 4.E of the Clinic Criteria. As required by Clinic Criteria 4.e.8 the Agency requires that the Contractor shall provide individualized treatment planning that supports the individual's desired participation in their community of choice.

Seasons will directly provide person-centered and family-centered treatment planning. Narrative was previously provided in reference to section 4.E of the Clinic Criteria.

Seasons promotes person-centered and family-centered treatment planning. Specific examples of activities and strategies are: individual rights are explained to clients at the on-set of services, individuals and/or family members participate in creating their individual treatment plans and they are asked about their personal goals and strengths, individuals sign their treatment plans indicating their agreement with the plans, individuals and family members participate in program planning meetings with other agencies/programs, cultural beliefs are discussed as a part of treatment planning, literacy levels of clients and/or family members are considered to ensure information is understood, family feedback sessions are conducted following psychological testing, medication agreements are put in place as necessary, and interpreters and print materials are used for non-English speaking as possible. Crisis postcards are being created to be sent home with families. This activity will be implemented within the next few weeks.

1.3.1.5.4 Outpatient Mental Health and Substance Use Disorder Services: The Contractor shall directly provide the following outpatient mental health and substance use disorder services:

- Outpatient mental health and substance use disorder therapy and counseling-individual, family and group
- Assessment and screening for mental health and substance-use disorders
- Psychiatry
- Medication management by a licensed prescriber
- MAT (Buprenorphine)

Seasons will directly provide outpatient mental health and substance use disorder services. Narrative was previously provided in reference to section 4.F of the Clinic Criteria.

The Contractor shall respond to Clinic Criteria 4.f.2 under section 1.3.1.6.

In regard to evidence based practices, narrative was previously provided in Clinic Criteria 4.f.2 and additional information will be provided under section 1.3.1.6.

1.3.1.5.5 Outpatient Clinic Primary Care Screening and Monitoring: The Contractor shall provide outpatient clinic primary care screening and monitoring of key health indicators and health risk, either directly or through a DCO as outlined in section 4.G of the Clinic Criteria.

Seasons will directly provide outpatient primary care screening and monitoring. Narrative was previously provided in reference to section 4.G of the Clinic Criteria.

1.3.1.5.6 Integrated Health Home Services (IHH): The Contractor shall directly or through DCO provide IHH services that meet the criteria stated in section 4.H Targeted Case Management of the Clinic Criteria, the criteria listed in this Scope of Work, and the CCBHC Care Coordination chart located in the bidder's library.

Seasons will directly provide Integrated Health Home Services (IHH). Narrative was previously provided in reference to section 4.H of the Clinic Criteria. IHH services are defined as a required service within the Scope of Work section of the RFP.

The following narrative is specific to criteria presented in the CCBHC Care Coordination Chart, from the bidder's library.

1.3.1.5.6.1 The Contractor shall provide IHH Care Coordination to Individuals in the CCBHC program who meet eligibility criteria regardless of Medicaid eligibility.

Seasons has been offering IHH services since July 1, 2014. Care coordination services have been a key function of the IHH staff from the beginning. Each IHH client is provided with a care coordinator who provides case management services, a peer who knows what it might be like to walk in their shoes and a nurse who can help make sure the client is getting or staying healthy provide case management services as well. As a CCBHC, Seasons will have the opportunity to offer IHH services to individuals regardless of eligibility. The current services offered by Seasons' IHH program meet the criteria as defined within the CCBHC Care Coordination Chart.

1.3.1.5.6.2 The Contractor shall provide IHH intense community service case management services to all Individuals in the CCBHC program who meet eligibility criteria regardless of Medicaid eligibility.

Seasons has been offering IHH intense community service case management services to individuals with severe mental illness that is causing significant impairment to their daily functioning. Each IHH client is provided with a care coordinator who provides case management services, a peer who knows what it might be like to walk in their shoes and a nurse who can help make sure the client is getting or staying healthy provide case management services as well. As a CCBHC, Seasons will have the opportunity to offer IHH services to individuals regardless of eligibility. The current services offered by Seasons' IHH intense service case management services meet the criteria as defined within the CCBHC Care Coordination Chart.

1.3.1.5.6.3 The Contractor shall provide IHH intense community service case management services to Individuals in the CCBHC program who are at high risk of suicide, particularly after discharge from an emergency department, regardless of diagnosis and funding until the Individual is no longer considered high risk or is connected with necessary services for stabilization.

Seasons has been offering IHH intense community service case management services to individuals who are high risk for suicide. Each of these IHH clients is provided with a care coordinator who provides case management services, a peer who knows what it might be like to walk in their shoes and a nurse who can help make sure the client is getting or staying healthy provide case management services as well. As a CCBHC, Seasons will have the opportunity to offer these IHH services to individuals who are at-risk for suicide regardless of diagnosis and/or eligibility. The current services offered by Seasons' IHH intense service case management services meet the criteria as defined within the CCBHC Care Coordination Chart.

1.3.1.5.7 Substance Use Disorder Case Management: The Contractor shall directly or through DCO provide case management services to Individuals with Long-Term Substance Use Disorders. The criteria for SUD case management is located in the bidder's library.

Seasons will directly provide Substance Use Disorder Case Management. Four new types of employment positions will be created to implement this service: a SUD Case Manager Specialist, SUD Case Managers, SUD Nurse Care Coordinators, and SUD Recovery Peer Support workers. As required, services will be provided to any CCBHC client who meets the criteria eligibility, regardless of Medicaid eligibility.

The purpose of the service is to support individuals with a long-term substance use disorder as defined within the DSM-5: Alcohol Use Disorder, Cannabis Use Disorder, Phencyclidine Use Disorder, Other Hallucinogen Disorder, Inhalant Use Disorder, Opioid Use Disorder, Sedative, Hypnotic or Anxiolytic Use Disorder, Stimulant Use Disorder (Amphetamine, Cocaine), or Other (or Unknown) Substance Use Disorder.

Seasons Substance Use Disorder Case Management Teams will consist: the SUD Nurse Care Manager, a SUD Case Manager, and a SUD Recovery Peer Support staff member. The teams will follow the criteria as outlined within the SUD Case Management document from the bidder's library.

1.3.1.5.7.1 The Contractor shall submit a final plan for Agency review and approval by September 1, 2016 describing the Contractor's approach to provision of SUD case management to individuals in the Targeted Population with Long-Term Substance Use Disorders.

As required, Seasons will submit a final plan to the Department of Human Services for review and approval by September 1, 2016. The implementation timeline notes this as a key activity to be completed.

1.3.1.5.8 Psychiatric Rehabilitation Services: The Contractor shall provide Psychiatric Rehabilitation services as stated in section 4.i.1 of the Clinic Criteria. The Agency has identified the Psychiatric Rehabilitation Approach (PRA) developed by Boston University as the selected evidence-based practice. The Contractor shall be accredited through 441 Iowa Admin. Code ch. 24 as an Intensive Psychiatric Rehabilitation (IPR) provider by September 15, 2016. IPR accreditation standards are located in 441 Iowa Administrative Code Ch. 24.

Seasons will directly provide outpatient primary care screening and monitoring. Narrative was previously provided in reference to section 4.i.1 of the Clinic Criteria, noting policies, procedures, and forms have been adopted and approved by the state. Job descriptions are in place and Seasons is in the process of hiring two staff for this new service, an IPR Specialist and an IPR Practitioner. The program model is the evidence-based IPR model from Boston University. Finalizing accreditation through 441 Iowa Admin. Code Chapter 24, by September 15, 2016, is listed as a key activity on the implementation timeline. Vice-President of Program Coordination and Compliance, Christina Eggink-Postma has been overseeing this process and will provide support and technical assistance to the new IPR staff in start-up and implementation of this new service.

1.3.1.5.9 Peer Supports, Peer Counseling and Family/Caregiver Supports: As required by Clinic Criteria 4.j.1 the Contractor shall offer the following services

either directly or through DCO: Peer Support Services, Family Peer Support Services, and Peer Recovery Coaching.

Seasons will directly provide peer supports, peer counseling, and family/caregiver supports. Narrative was previously provided in reference to section 4.j.l of the Clinic Criteria.

1.3.1.5.10 Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans: The Contractor shall ensure the provision of intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans. The Contractor shall provide care to veterans as stated in section 4.K of the Clinic Criteria and the clinical guidelines contained in the *Uniform Mental Health Services Handbook* located in the bidder's library.

Seasons will directly provide intensive, community-based mental health care for members of the armed forces and veterans. Narrative was previously provided in reference to section 4.K of the Clinic Criteria. Seasons understand the requirement to additional follow clinical guidelines contained in the Uniform-Mental Health Services Handbook, provided in the bidder's library.

1.3.1.6 Evidence-Based Practices (EBP): The Contractor shall provide the following Evidence-Based Practices identified by the Agency: Assertive Community Treatment (ACT), Medication-Assisted Treatment (MAT), Motivational Interviewing (MI), psychiatric rehabilitation approach (PRA) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Motivational Interviewing, designated MAT practices, and Trauma-Focused Cognitive Behavioral Therapy shall be provided directly by the CCBHC as part of required outpatient mental health and substance use disorder services.

Assertive Community Treatment (ACT) Motivational Interviewing (MI), designated MAT practices, Intensive Psychiatric Rehabilitation (IPR), and Trauma-Focused Cognitive Behavioral Therapy will be provided directly by the Seasons as part of required outpatient mental health and substance use disorder services. Narrative was previously provided in reference to section 4.f.2 for evidenced-based practices.

1.3.1.6.1 EBP Training and Technical Assistance: The Contractor shall participant in Agency sponsored training and technical assistance on the Agency selected EBPs. Information on training and technical assistance regarding each EBP is located on the Agency's website.

Seasons intends to participate in DHS sponsored trainings and technical assistance for selected EBPs. Seasons intend to participate in Feedback Informed Treatment, sponsored by the Iowa Department of Public Health in November 2016. Seasons is aware information on training and technical assistance is posted on DHS's website.

1.3.1.6.2 EBP Fidelity: The Contractor shall report to the Agency evidence of meeting model fidelity for each EBP by Sept. 15, 2016. Ongoing fidelity monitoring will occur throughout the contract. The Contractor shall provide proof of fidelity to EBP models at a minimum of annually or at the request of the Agency. The Agency reserves the right to require additional fidelity monitoring including but not limited to, independent verification of EBP fidelity.

Seasons will submit evidence of meeting fidelity for each EBP to DHS September 15, 2016. This is a key activity listed on the implementation timeline. On-going responsibility for ensuring fidelity to the EBP will lie with the Project Director and reports will be provided to DHS at a minimum annually.

1.3.1.6.3 Assertive Community Treatment (ACT): The Contractor shall directly or through DCO provide an <u>ACT program that provides intensive services and supports to individuals with Serious Mental Illness.</u> ACT programs shall comply with standards in 441 Iowa Admin Code § 77.38 and §78.45(249A).

Seasons will directly provide Assertive Community Treatment (ACT). As previously stated, Seasons has been researching and preparing to offer Assertive Community Treatment (ACT) teams. Seasons recognizes this will be the most challenging EBPs to start-up and implement, given the individualized elements of the program and the ruralness of the service area. Nonetheless, the leadership team for Seasons is excited to move forward with this program, given the positive outcomes to be realized for persons with serious and complex psychiatric conditions. Initially, Seasons intends to reach out to the other ACT Teams operating across the State, new CCBHC grantees, and program developers for further training and technical assistance with implementing the program in a rural geographic setting and mental health provider shortage area. Seasons is confident with this training and support, the program can be effectively implemented in a rural setting with fidelity. Seasons program services will comply with standards in 441 Iowa Admin Code § 77.38 and §78.45(249A).

1.3.1.6.4 Medication Assisted Treatment (MAT): The Contractor shall meet the criteria identified in the MAT Criteria document located in the bidder's library. The Contractor shall have practitioners on staff or through DCO certified in and providing MAT services. The Contractor is required to directly prescribe Buprenorphine. Access to other MAT medications shall be provided directly, through DCO or referral.

Season will be providing Medication Assisted Treatment (MAT) as a CCBHC. A Psychiatrist at Seasons has agreed to complete the certification training and be the prescriber. Program development and implementation will follow the MAT Criteria document, provided in the bidder's library. Seasons understands the provider will directly prescribe Buprenorphine. MAT training and certification and listed as key activities on the implementation timeline, with August 2015 and September completion dates respectively.

1.3.1.6.4.1 The Contractor shall directly employ a credentialed prescriber of Buprenorphrine. If the Contractor does not currently employ a credentialed prescriber, the Contractor shall engage and assist at least one of its physicians in applying for the buprenorphine waiver management physician waiver process.

As previously stated, a Psychiatrist employed by Seasons, has agreed to become a credentialed provider of Buprenorphrine.

1.3.1.6.4.2 The Contractor shall meet all federal, state and local laws governing the chosen medications.

The MAT program will be designed to meet all federal, state, and local laws governing chosen medications.

1.3.1.6.4.3 The Contractor shall directly provide evidence-based counseling services to individuals receiving MAT services regardless of whether the

medication is being administered directly by the CCBHC, by a DCO, or referral organization.

As a component of being a MAT provider, Seasons agrees to provide evidence-based counseling service to individuals receiving MAT services regardless of whether or not the medication is administered by Seasons.

1.3.1.6.5 Motivational Interviewing (MI): The Contractor shall have practitioners on staff certified in and utilizing Motivational Interviewing.

Seasons offered a 2 day training on Motivational Interview to 51 staff on September 2 and 3, 2015 and a half-day training to all agency staff on September 4, 2015, with 84 attendees. The presenter was Fonda Frazier, M.A., IAADC, M.I.N.T. Seasons will be reoffering MI training for new staff and specifically for CCBHC staff.

1.3.1.6.6 Psychiatric Rehabilitation Approach (PRA): The Contractor shall directly or through DCO provide Psychiatric Rehabilitation using the psychiatric rehabilitation approach model developed by Boston University

Seasons is currently in the process of becoming accredited to provide Intensive Psychiatric Rehabilitation (IPR) services. Policies, procedures, and forms have been adopted and approved by the state. Job descriptions are in place and Seasons is in the process of hiring two staff for this new service, an IPR Specialist and an IPR Practitioner

1.3.1.6.7 Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): The Contractor shall have practitioners on staff certified in and utilizing Trauma-Focused Cognitive Behavioral Therapy.

Seasons has been providing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) since 2013. Seasons will be reoffering TF-CBT training for new staff and specifically for CCBHC staff.

1.3.1.7 Quality and Other Reporting: The Contractor shall collect and report quality measures found in the Clinic Criteria Appendix A Tables 1 and 2 to the Agency and the entity selected by SAMHSA to complete the National Evaluation. Quality measures are determined by SAMHSA and subject to change pending federal approval. The Contractor shall comply with the data collection and quality improvement requirements in sections 5.A through 5.B in the Clinic Criteria. The following measures have been identified by SAMHSA as removed from the list of required measures in the Clinic Criteria:

- Number/Percent of clients requesting services who were determined to need routine care
- Mean number of days before the comprehensive person-centered and family centered diagnostic and treatment planning evaluation is performed for new clients
- Number of Suicide Deaths by Patients Engaged in Behavioral Health (CCBHC)
 Treatment
- Documentation of Current Medications in the Medical Records
- Controlling High Blood Pressure
- Number of Suicide Attempts Requiring Medical Services by Patients Engaged in Behavioral Health (CCBHC) Treatment

- Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Cardiovascular health screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications
- Cardiovascular health monitoring for people with cardiovascular disease and schizophrenia
- Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder

Criteria 5.A: Data Collection, Reporting, and Tracking

5.a.1 – Capacity to Collect, Report, and Track Encounter, Outcome and Quality Data: Seasons administers multiple grant funded projects and therefore is required to collect, report, and track encounters, outcomes, and quality data. With these projects, Seasons collects data and information similar to what will be required for CCBHC, such as: client characteristics; staffing; access to services; use of services; screening, prevention, and treatment; care coordination; process of care; cost; and client outcomes. Seasons electronic health records systems is used to capture data and when needed, special excel sheets and other data collection forms are created for specific projects. Seasons is currently participating in a nation cross-site and comparison evaluation with a Regional Partnership Grant (RPG) and project staff upload data semi-annual into a central depository. Seasons contracts with external evaluators as part of the RPG grant. Seasons has the capacity to complete required data collection, tracking, and reporting. The Project Director will lead and direct data collection activities.

- 5.a.2 Annual Reporting of Consumer Data: Seasons will provide annual data as required.
- 5.a.3 Access to Data from DCOs: This is not applicable. Seasons does not intend to contract with any DCOs for CCBHC services.
- 5.a.4 Collection of Service Level Data: Seasons will provide service level data as required, using unique client identifiers.
- 5.a.5 Annual Cost Report: Seasons will submit annual cost reports with support data within 6 months after the end of each demonstration year. The Vice-President of Finance, Dan Ries, will be responsible for the submission of the cost reports. Seasons has experience in preparing cost reports for other programs.

Criteria 5.B: Continuous Quality Improvement (CQI) Plan

- 5.b.1 Continuous Quality Improvement Plan for Clinical Services and Clinical Management: The Project Director will be responsible for overseeing the development and implementation of a Continuous Quality Improvement Plan. A workgroup will be established to design and assist with implementation of the plan. The team at minimum will include: Project Director, Vice-President of Program Coordination and Compliance, Vice-President of Clinical Services, a psychiatric provide, and a substance abuse counselor. This team will build upon and expand the existing agency QI Plan to include CCBHC QI measures.
- **5.b.2 Document and Reporting of Special Events:** The following special events will be addressed as part of the CQI Plan: CCBHC consumer suicide deaths or suicide attempts; CCBHC consumer 30 day hospital readmissions for psychiatric or substance use reasons; and such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of the CQI plan.

1.3.1.8 Organizational Authority, Governance, and Accreditation: The Contractor shall meet the standards in the Clinic Criteria 6A through 6.c.2.

Criteria 6.A: General Requirements of Organizational Authority and Finances

- 6.a.1 Statutory Criteria: Seasons is a non-profit organization, exempt from tax under Section 501 (c)(3) of the United States Revenue Code.
- 6.a.2 Not Operated Under the Authority of the Indian Health Service, and Indian Tribe, or Tribal or Urban Organization. If appropriate, Seasons will reach out to such organizations.
- 6.a.3 Independent Financial Audit: Seasons currently conducts annual financial audits and will continue to do so and where indicated, corrective action plans will be submitted. The most recent three financial audit reports for Seasons are provided with this application.

Criteria 6.B: Governance

- 6.b.1 CCBHC Governance Board Membership: 78% of board members surveyed identified with have lived experience in one of four categories (see categories in next section); representing 50% of the overall board membership at this time.
- 6.b.2 How Board Meets Requirement: In preparation for this application, board members were asked to self-identify within four categories: lived experience, recovery, consumer, and/or family member. Nine of the board members responded to the survey: 1 identified as an individual with lived experience of mental illness, none identified as an individual in recovery from substance abuse, 2 identified as being a consumer of behavioral health services, and seven identified as having family members that were individuals with lived experience in any of these categories. Overall 7 of the 9 members or 78% identified as having lived experience in one of the four categories; representing 50% of the overall board membership.
- 6.b.3 When Board Cannot Meet Membership Requirements: If funded, Seasons will resurvey members to capture data from all board members. Seasons is in the process of restructuring the board and therefore, surveys for new members will be re-administered. Seasons is confident the 51% is achievable.
- 6.b.4 Alternative Approach to Meeting Membership Requirements: Not applicable.
- 6.b.5 Board Members will be represent local communities: A membership table is provided in Tab 5 and evidences the board membership represents the communities in rural northwest Iowa.
- 6.b.6 States Shall Determine Processes to Verify: Not applicable. This references the State's responsibility to define a process.

Criteria 6.C: Accreditation

- 6.c.1 Applicable State Accreditation, Certification, and/or Licensing: Seasons is accredited through 441 Iowa Administrative Code Chapter 24 as a Community Mental Health Center (CMHC) and accredited through 641 Iowa Administrative Code Chapter 155 as an outpatient substance use disorder provider (SUD).
- 6.c.2 State Recommendations of Accreditation by Nationally –Recognized Organizations: Not applicable. This references the State is encouraged to require accreditation by a nationally-recognized organization.

1.3.1.8.1 For criteria 6.c.1, the Contractor shall be accredited as a CMHC or an MHSP under 441 Iowa Administrative Code ch. 24; shall be licensed as a substance use disorder treatment program providing outpatient treatment licensed program services under 641 Iowa Administrative Code ch. 155; and shall complete the Agency's Certification Process by October 1, 2016.

Seasons is accredited through 441 Iowa Administrative Code Chapter 24 as a Community Mental Health Center (CMHC) and accredited through 641 Iowa Administrative Code Chapter 155 as an outpatient substance use disorder provider (SUD). Seasons is aware of and intends to complete the Agency Certification Process by October 1, 2016. Seasons' leadership team has completed the readiness survey in preparation for certification.

1.3.1.8.2 The Contractor shall participate in quarterly Agency certification compliance reviews. The certification reviews may be face to face, web-based, or telephonic meetings.

Seasons is aware of the requirement and agrees to participate in quarterly certification compliance reviews: face-to-face, web-based or by telephonic meetings.

1.3.1.9 Grievance System: The Contractor shall establish an internal grievance procedure available to Applicants, Eligible Individuals and network providers.

Seasons has an internal grievance procedure and it can be made available to applicants, eligible individuals and network providers. Seasons will work with the state to ensure it meets any specific CCBHC requirements.

1.3.1.10 Prospective Payment System: The Contractor shall meet the standards for submission of cost reports in Clinic Criteria 5.a.5 and the CCBHC Cost Report Instructions document located in the bidder's library. The Agency has selected PPS – 1 as its payment methodology.

Seasons will submit annual cost reports with support data within 6 months after the end of each demonstration year. The Vice-President of Finance, Dan Ries, will be responsible for the submission of the cost reports. Seasons is aware the state has selected PPS-1 as the payment methodology.

1.3.1.10.1 The Contractor shall submit a competed cost report for the Agency's approval by September 15, 2016 as part of the Certification Process.

As required, Seasons will submit a completed cost report for the state's approval by September 15, 2016 as part of the Certification Process. The activity is listed on the implementation timeline.

1.3.1.10.2 The Contractor shall submit a cost report with supporting data annually. Cost reports are due to the Agency for review and approval no later than six months following the end of each Demonstration Program year.

Seasons will submit annual cost reports with support data within 6 months after the end of each demonstration year. The Vice-President of Finance, Dan Ries, will be responsible for the submission of the cost reports.

1.3.1.11 Monthly reporting: The Contractor shall provide a written report by the 15th of each month following the month reported on to the Agency's contract manager. The

Contractor shall report on progress toward meeting Deliverables, barriers encountered, training and technical assistance received or provided by the CCBHC that support CCBHC goals, community collaborations, and summary of stakeholder and governing board meetings.

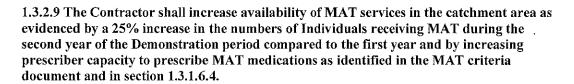
As required, Seasons will provide a written report by the 15th of each month following the month reported on to the Agency's contract manager. The report will demonstrate progress made in meeting deliverables, barriers encountered, training and technical assistance received or provided by the CCBHC that support CCBHC goals, community collaborations, and a summary of stakeholder and governing board meetings. The VP of Patient Services will be responsible for completion and submission of required monthly reports.

1.3.2 Performance Measures.

Seasons will provide the following reports and information as required by the due dates. Kim Scorza, President/CEO of Seasons will be responsible for assuring these documents are submitted on time. The implementation timeline previously presented includes these deliverables and the respective due dates.

This following list was identified within the RFP:

- 1.3.2.1 The Contractor shall update the initial needs assessment completed by the Agency and submit to the Agency for approval by July 1, 2018.
- 1.3.2.2 The Contractor shall submit a final staffing plan to the Agency for review and approval by September 15, 2016. The Contractor shall submit an updated training plan to the Agency for review and approval by July 1, 2018.
- 1.3.2.3 The Contractor shall submit a final training plan to the Agency for review and approval by September 15, 2016
- 1.3.2.4 The Contractor shall meet clinic access times frames identified in the Clinic Criteria and in section 1.3.1.2.1 for treatment of Emergency, Urgent, and Routine needs 80% of the time on a monthly basis. The Contractor shall provide documentation to the Agency of this measure on a quarterly basis during the Demonstration period. The first submission is due to the Agency on the 20th of the month following the first 3 months of operation of the CCBHC during the Demonstration period and every 3 months afterward.
- 1.3.2.5 The Contractor shall submit the Care Coordination policy referenced in Section 1.3.1.3.1 to the Agency for review and approval by September 15, 2016.
- 1.3.2.6 The Contractor shall submit to the Agency for review and approval the plan referenced in Clinic Criteria 3.b.5 by July 1, 2018. This plan is to address ways to improve Care Coordination between the CCBHC and all DCOs using a health information technology system.
- 1.3.2.7 The Contractor shall submit to the Agency for review and approval the final plan for SUD case management referenced in Section 1.3.1.5.7.1 by September 15, 2016.
- 1.3.2.8 The Contractor shall submit to the Agency for review and approval evidence of meeting model fidelity for each required EBP by September 15, 2016, January 3, 2017, and January 2, 2018.



1.3.2.10 The Contractor shall demonstrate participation of Individuals with a Serious Mental Illness, adults recovering from substance use disorders and family members of CCBHC consumers in the governance of the CCBHC. The Contractor shall provide meeting minutes, board rosters, and other documentation that demonstrates compliance with criteria 6.B of the Clinic Criteria.

1.3.2.11 The Contractor shall submit a completed cost report for the Agency's review and approval by September 1, 2016.

1.3.2.12 The Contractor shall provide a written report by the 15th of each month following the month reported on to the Agency's contract manager. The Contractor shall report on progress toward meeting Deliverables, barriers encountered, training and technical assistance received or provided by the CCBHC that support CCBHC goals, community collaborations, and summary of stakeholder and governing board meetings.

1.3.3 Contract Payment Methodology.

The Contractor's reimbursement is limited to Medicaid reimbursement for Medicaid-reimbursable CCBHC services that are provided to Medicaid members during the Demonstration Program period. Reimbursement is contingent on the Agency being awarded a grant for the Demonstration Program. The Agency anticipates grant award notification from SAMHSA in January 2017. If awarded a Demonstration Program grant, the Iowa CCBHC Demonstration Program is projected to occur from July 1, 2017 to June 30, 2019. Medicaid reimbursement for Medicaid-eligible members shall be calculated using the PPS-1 methodology. No other reimbursement shall be made as a result of this contract. If the Agency is not awarded a Demonstration Program, this Contract shall be terminated upon formal notification by SAMHSA on non-award of the grant. Contractor certification as a CCBHC is required to receive Medicaid reimbursement for CCBHC services. A Contractor's non-compliance with Agency certification requirements could result in decertification of the Contractor as a CCBHC.

Information Specific to This RFP.

3.2.4.2 A description of the proposed CCBHC catchment area as referenced in Section 1.3.1.1.1 of the RFP.

The demographics of the nine-county geographic service area, rural designation, demographics of service area population, service strengths and gaps, and workforce needs were provided in Section 1.3.1.1.1 of this application.

To further define the proposed service area some additional information is provided.

Chronic Health Conditions. An overview of some of these characteristics for chronic health diseases is defined as follows by the County Health Rankings, 2016 is highlighted with the following health indicators.

<u>Percent of Adults Who Report a BMI of 30 or More</u>: Seven of the nine counties had percentages equal to or above the State rate of 31%: Buena Vista, Clay, and O'Brien, each at 31%; Osceola at 32%; Dickinson and Palo Alto at 33%; and Emmet with a high of 35%. Lyon was just below the State at 30% and Sioux reported 28%.

<u>Physical Inactivity</u>: Eight of the nine counties were equal to or below the State rate of 25% for the percent of adults, age 20 and over, reporting no leisure time physical activities: Buena Vista, Clay, Dickinson and Sioux were equal to the State at 25%; Emmet and Osceola were both at 30%, with Lyon at 27% and Palo Alto at 28%. Only O'Brien was below the State at 22%.

Access to Exercise Opportunities: Eight of the nine counties were below the State (76%) for the percent of individuals who have access to adequate locations for physical activities: O'Brien was the closest at 74% and Osceola was the lowest at just 32%, with Lyon just slightly above at 36%. Only Dickinson was above the State at 81%. The other counties were at: Clay, 73%; Buena Vista, 71%; Emmet 69%, Sioux. 68%, and Palo Alto, 56%.

<u>Percent of Adults Who Are Current Smokers</u>: All nine counties were below the State (19%). Each of the counties reported either 15% or 16%.

<u>Percent of Adults Who Report Binge or Heavy Drinking:</u> All nine counties were just below the State (22). Clay, Emmet, Lyon and Sioux each had 20%. Dickinson, Osceola, and Palo Alto reported 19%. Buena Vista and O'Brien reported 18%.

<u>Percent Adults Aged 20 or More with a Diabetes Diagnosis</u>: Eight of the nine counties were equal to or above the State percent (9%). Buena Vista, Clay, Dickinson, Emmet, O'Brien, Osceola and Palo Alto were all at 10%, with Lyon at 9%. Sioux was just below the State at 8%.

<u>Percent Uninsured Adults</u>: Six of the nine counties were equal to or above the State (12%) for the percent of adults under age 65 without health insurance. Buena Vista was the highest at 20%, followed by Emmet at 17%, Osceola and Sioux at 14% each, and Lyon and O'Brien at 12% each. Clay and Palo Alto were just below the State with 1-1% each. Dickinson was the lowest at 11%. These percentages represent a total of 10,710 adults without health insurance.

<u>Percent Uninsured Children</u>: All nine counties were equal to or above the State (4%) for the percent of children under age 19 without health insurance. Buena Vista and Sioux were the highest at 7% each, followed by Emmet, Lyon and Osceola at 6% each, Dickinson, O'Brien, and Palo Alto at 5% each, and Clay the lowest at 4%. These percentages represent a total of 1,997 children without health insurance.

Child Well-Being in Service Area. To provide a demographic profile of children at-risk for abuse and trauma, residing in the service area, data from <u>Iowa Kids Count 2013: Child Well-Being Indicators</u> is presented.

- Child poverty, the percent of children ages 0-17, ranges from a high of 19.2% in Buena Vista to a low of 9.4% in Sioux; compared to the State rate of 16.1% and the U.S. rate is 22.6%. All nine counties experienced an increase in child poverty from 2000 to 2012.
- The percent of students eligible for *free or reduced price lunches* for 2013, ranges from a high of 62.1% in Buena Vista to a low of 28.4% in Lyon; compared to the State (40.3%) and U.S. (44.6%). All nine counties experienced an increase in free/reduced lunches from 2000 to 2013.

- The percentage of *teen births* (ages 15-19) ranges from a high of 3.8% in Buena Vista to a low of 1.5% in Sioux and Lyon; compared to the State rate of 2.2% and the U.S. rate of 2.7%. (No data was reported for Dickinson County).
- The percent of children receiving services from the Women, Infants, and *Children's* (WIC) program, ranges from a high of 45.6% in Buena Vista to a low of 13.9% in Lyon; compared to 25.5% for the State and 33.3% for U.S. This represents 2,499 children in the nine-county region.

Information being disseminated by the Iowa Department of Public Health has raised awareness in Iowa regarding trauma and adverse childhood experiences (ACEs) and provides a framework for further understanding the need for integrated primary health and behavioral health care. These adverse experiences include: recurrent physical abuse; recurrent emotional abuse; contact sexual abuse; an alcohol and/or drug abuser in the household; an incarcerated household member; someone in the household who is chronically depressed, mentally ill, institutionalized or suicidal; mother is treated violently; one or no parents; and emotional or physical neglect. In addition, new and emerging research on trauma, merits examination to fully understand the need for integrated care. Examples of traumatic life experiences can include: physical, emotional, and/or sexual abuse; death of a parent; divorce; rape; being bullied; witnessing violence, or a serious medical illness or disease. The impact of trauma, associated with adverse childhood experiences, can increase the risk for severe or persistent behavioral and/or physical health problems. Additionally, Iowa is experiencing growing "microplurality"; defined as a small number of immigrants from a wide variety of countries. Understanding the impact of trauma and ACEs in reference to immigrants and undocumented individuals and families is important to know and presents new challenges and opportunities with providing health care.

3.2.4.3 A proposed staffing plan as referenced in Section 1.3.1.1.3 of the RFP.

The proposed staffing plan, including job descriptions are presented in this section.

CCBHC Staffing Plan								
Position	Staff: License/Certification	Credentialed /In-Process	Current FTEs	Needed FTs	Out- standing FTEs			
Certified Substance Use Disorder Counselor	 5 SUD Certified Counselors 3 of these Certified SUD Counselors are pursuing their mental health license with a target completion within the next 18 months 	Yes	6.60	8.6	2			
Licensed Mental Health Professional	LISW: 5 LMSW: 8 LMFT: 1 tLMFT: 1 LMHC: 2 tLMHC: 3	Yes	18.70	27.7	9.			
Dually-Licensed Certified Substance Use Disorder Counselor/Licen sed Mental Health Counselor	 3 SUD Certified Counselors are Dually Licensed 1 of these Counselors is doing 0.5 FTE as a SUD Counselor and 0.5 FTE as a Mental Health Therapist 	Yes	FTEs reported in previous lines					

Licensed Psychiatrist/ Prescriber	 Psychiatrists: 4 1 of the Psychiatrist is an Child/Adolescent Psychiatrist 	Yes	2.8	6.8	4.
Family Peer Support Specialist	■ 3 Employees	Yes	2.4	6.4	4
MAT prescriber	 Psychiatrist: 1 Prescriber is ASAM/ABAM Addiction Medicine Certified 	Yes	0	1	0
Nurses	RN/LPN	Yes	1.6	1	1
Peer Support Specialist	None at this time-In process of hiring	Not Applicable	4	6	2.
Peer Recovery Coach	None at this time-Will be hiring	Not Applicable	0	5	5
IHH care coordination team-Not including Peers	Designated IHH Provider in Iowa	Not Applicable	16	15	1
Substance Use Disorder Case Management team (Prescriber and Peer Coaches Noted Above)	Refer to credentials and licenses of previous positions	Not Applicable	0	7	
Assertive Community Treatment (ACT) Team	In process of creating team	Not Applicable	0	12	12
Psychiatric Rehabilitation Approach provider	None at this time-In process of hiring	In-Process	0	2	2
Clinical Psychologists	 Psy.D: 2 Clinical Psychology Interns: 2 (Fall 2016) Training Director (Process of Hire)-Will see clients too 	Yes	2	6	4
Psychometrician	Not Applicable	Not Applicable	2	6	4
Case Management	Not Applicable	Not Applicable	2.5	2.5	0.

The rest of the page is intentionally left blank to insert job descriptions

Vice-President of Patient Care

Department: Leadership

Supervisor: CEO/President

Position Objective:

The Vice-President (VP) of Patient Care is responsible for ensuring the quality and direction of care coordination/case management at Seasons. This position oversees Integrated Health Home (IHH), Case Management, Substance Use Disorder Case Management, Crisis Services, Community Care Coordination teams and Veterans Services Specialist.

Primary Responsibilities

Supervisory

- Works with medical clinic employees to ensure that each employee understands their job description, the desired results associated with their work, and the resources available to achieve the results.
- Interviews and makes decisions for hiring employees for open positions with guidance from the CEO.
- Supervises Care Coordination/Case Management specialists by monitoring performance, providing guidance/training, completing performance evaluations, developing goals and conducting collaborative meetings.
- Works with IHH, Case Management, Substance Abuse Case Management, Community Care Coordination Specialists, and Veterans Services Specialist to train and develop their staff to ensure they are capable of performing their duties.
- Ensures at all times that the various care coordination/case management teams consistently operate in a high quality manner and are meeting assigned metrics and contractual requirements. Oversees program benchmark monitoring and required data collection.
- Ensures that required access data for the CCBHC is tracked and reported quarterly, by the 20th of the following month.
- Tracks scheduling and coordinating of staff for all leaves to include but not limited to: PTO requests and FMLA, in accordance with policies and procedures.
- Supervises students for internships/externships and delegates authority and responsibility when and where need is indicated.
- Supervises, as required, the staff in the conduct of clinical care.
- Provides consistent weekly communication to the CEO, ensuring that information, reports, and materials are provided, to clearly describe care coordination/case management activities and progress toward agreed upon objectives.

Administrative

- Represents Seasons at functions as requested; markets care coordination/case management services in the community; conducts presentations for Seasons Center and the surrounding community.
- Attends all staff or other special meetings as requested.
- Participates in budget development as it pertains to the care coordination/case management disciplines.

- Identifies gaps in services and identify new services needed to meet the needs of client population; assesses community needs and outreach/enrollment opportunities.
- Serves as coordinator and liaison with outside agencies to make it possible to collaborate and coordinate services with other health and human service providers.

Clinical

- Collaborates with CEO and VP of Program Coordination and Compliance to establish policies and procedures for care coordination/case management operations as required by accrediting bodies and/or funders in a rapidly changing environment;
- Available to staff at all times to respond to emergencies and answer questions.
- Completes all documentation and paperwork within time constraints posed by various entities.
- Ensures compliance with standards, laws and regulations as directed by regulatory and accrediting organizations such as Chapter 24, Chapter 90, and Chapter 155.
- Performs other appropriate duties as requested by CEO.
- Maintains patient confidentiality at all times.

Performance Requirements

- Courteous, honest and professional at all times.
- Able to communicate and relate well with physicians and other clinical staff.
- Efficient, organized and accurate.

Education/Experience

- Bachelor's Degree in Social work, Psychology, or other Human Services field. Master's Degree preferred.
- Two or more years proven supervisor experience required.
- Three to five years' experience in a health care environment required.

Qualifications

- Must have an understanding of ethics of confidentiality; Maintains client and employee confidentiality, abiding by all state and federal confidentiality expectations including those established by HIPAA and 42 CFR Part 2.
- Previous computer experience required.

Travel Requirements

This position requires travel.

Vice-President of Operations

Department: Leadership

Supervisor: CEO/President

Position Objective:

The Vice-President (VP) of Operations ensures clinical and service quality for services at all Seasons locations. This position ensures clinic flow is established by serving as a liaison between provider needs and clinical resources. The VP of Operations provides leadership and manages support staff and nursing staff for clinics. The VP of Operations also oversees the supervision of the following positions: Nursing Specialist, Scheduling Support Staff, and Medical Records. Works collaboratively as a member of the Leadership team to develop and progress the vision, mission, and strategic goals of Seasons Center.

Primary Responsibilities

Supervisory

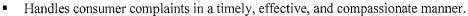
- Works with medical clinic employees to ensure that each employee understands their job description, the desired results associated with their work, and the resources available to achieve the results.
- Interviews and makes decisions for hiring employees for open positions with guidance from the CEO.
- Trains and develops medical clinic staff with ongoing direction from the CEO to ensure they
 are capable of performing their duties.
- Plans, assigns, and directs work; appraises performance; rewards and disciplines employees;
 addresses complaints and resolves problems with the guidance of the CEO.
- Ensures at all times that the department consistently operates in a high quality manner.
- Tracks timesheets and scheduling and coordinating of staff for all leaves to include but not limited to: PTO requests and FMLA, in accordance with policies and procedures.
- Supervises students for internships/externships and delegates authority and responsibility when and where need is indicated.
- Leads staff meetings.
- Supervises, as required, the staff in the conduct of clinical care.
- Provides consistent weekly communication to the CEO, ensuring that information, reports, and materials are provided, to clearly describe clinic activities and progress toward agreed upon objectives.

Administrative

- Works appropriately with referral sources such as primary care clinics, hospitals, and schools to ensure appropriate follow-through on referrals.
- Represents Seasons at functions as requested.
- Attends all staff or other special meetings as requested.
- Participates in budget development as it pertains to the clinics.

Clinical

 Collaborates with CEO and VP of Program Coordination and Compliance to establish policies and procedures for medical clinic operations.



- Available to staff at all times to respond to emergencies and answer questions.
- Oversees patient education as needed.
- Available to patients to answer questions and relay information regarding their care.
- Completes appropriate paperwork to comply with insurance and reimbursement guidelines.
- Completes all documentation and paperwork within time constraints posed by various entities.
- Ensures compliance with standards, laws and regulations as directed by regulatory and accrediting organizations such as Chapter 24, Chapter 90, and Chapter 155.
- Performs other appropriate duties as requested by CEO.
- Maintains client and employee confidentiality, abiding by all state and federal confidentiality expectations including those established by HIPAA and 42 CFR Part 2.

Performance Requirements

- Courteous, honest and professional at all times.
- Able to communicate and relate well with physicians and other clinical staff.
- Able to provide innovative input into the development of the office and its processes.
- Efficient, organized and accurate.

Education/Experience

- Bachelor's Degree in Business Administration; Masters in Healthcare Administration preferred
- Two or more years proven supervisor experience required
- Three to five years' experience in a health care environment required; preferably in an outpatient setting or FQHC

Qualifications

- Previous medical office experience preferred
- Must have an understanding of ethics of confidentiality
- Previous computer experience required

Travel Requirements

This position requires travel.

Vice-President of Community Services

Department: Leadership

Supervisor: CEO/President

Position Objective

The Vice-President (VP) of Community Services is responsible for supervising, directing, and supporting various disciplines at Seasons Center including but not limited to JCSCC, Camp, IPR and ACT, and Community Based Services. This position would also be expected to lead new programming including the development of a therapeutic camp and other grants and contracts focused on community based services. This position would not provide client services.

Primary Responsibilities

- Provides all services in accordance with the policies and procedures of Seasons, applicable professional code of ethics, and all payor, licensing, and governmental rules.
- Attends and participates in training sessions and related training opportunities as made available, as well as appropriate staff meetings
- Collaborates with leadership to design, develop, and implement new community-based programming for Seasons.
- Manages projects to achieve the goals of the various disciplines.
- Creates an effective work environment by setting clear objectives, displaying teamwork and positivity, recognizing outstanding performance, and encouraging open communications.
- Develops employees through coaching/mentoring, providing performance feedback and establishing performance and development plans.
- Directs, coordinates, and evaluates activities of staff engaged in client services.
- Interviews job candidates.
- Conducts meetings with the various disciplines
- Participates in employee conduct and discipline meetings.
- Designs, conducts, and organizes training programs for employees.
- Maintains an active awareness of Season's business environment, corporate culture, and structure to support strategic decision-making.
- Monitors staff productivity, quality, and completes annual performance evaluations.
- Markets services in the community.
- Evaluates the effectiveness of community based programming on clients' progress.
- Maintains client and employee confidentiality, abiding by all state and federal confidentiality expectations including those established by HIPAA and 42 CFR Part 2.

Education/Experience

- Master's degree in Social Work, Psychology, Human Services, or related field plus 3 years of
 experience in a related role OR Bachelor's Degree in Social Work, Psychology, Human Services,
 or related field required plus 5 years of experience in a related role.
- Master's Degree preferred.
- At least 5 years of experience in a supervisory and leadership role.
- Proficient in Microsoft Word, Outlook, and PowerPoint.

Job Competencies

- Leadership
- Communication

- Teamwork
 Ethics & Integrity
 Planning & Organizing
 Problem Solving & Decision Making

Travel Requirements
This position requires travel:

Veterans Services Specialist

Department: CCBHC

Supervisor: VP of Patient Care

Position Objective

The Veterans Services Specialist is responsible for clients served by Seasons that are members of the U.S. Armed Forces and veterans. The Veterans Services Specialist is responsible for ensuring that care provided to veterans is consistent with minimum clinical guidelines provided by the Veterans Health Administration (VHA) and coordinating these services.

Primary Responsibilities

- Supports and abides by departmental and agency policies and procedures as well as adhere to
 ethical standards applied by accrediting agencies, licensing boards and the Organization Code of
 Ethics.
- Ensures that clients served by the agency are asked about whether they have ever served in the U.S. military; tracks and reports on this information
- Assists in locating, communicating with, and meeting individuals receiving services at Seasons that are members of the U.S. Armed Forces and veterans.
- Conducts in-depth interviews/assessments and use specialized knowledge to gather complicated information from individuals to be enrolled in the care coordination program.
- Uses available data such as tests/assessment scores, participant evaluations, and service evaluations to determine health and wellness needs and determine interventions to address gaps in service.
- Facilitates and coordinates comprehensive transitional care as per client needs (i.e. transition in or out of inpatient settings).
- Ensures that Active Duty Service Members (ADSM), activated Reserve Component (Guard/Reserve), and Selected Reserve personnel are appropriately referred to treatment (at Military Treatment Facility as required) and treatment is coordinated with the Primary Care Manager (PCM).
- Ensures that Veterans are offered assistance to enroll in VHA for the delivery of health and behavioral health services.
- Ensures that all treatment provided to members of the U.S. Armed Forces and Veterans is consistent with the minimum clinical guidelines of the VHA, including guidelines contained in the Uniform Mental Health Services Handbook.
- Ensures that there is integration and coordination between the care of substance use disorders and other mental health conditions for those veterans that experience both, and for integration and coordination of care between behavioral health conditions and other components of health care.
- Ensures that every veteran receiving services at the agency is assigned a Principal Behavioral Health Provider and works closely with the Principal Behavioral Health Provider to ensure requirements are being met.
- Works with the individual in developing a crisis plan, including but not limited to psychiatric advanced directives.
- Attends and participates in training sessions and related training opportunities as made available, as well as appropriate staff meetings.
- Maintains and submits care coordination paperwork, reports and records.

- Documents progress of clients.
- Provides as-needed teaching to the patients in order to promote health and assist in the understanding of mental illness, medication compliance, substance use disorders and additional specialty services as recommended by medical providers and/or care coordination team.
- Assists individuals in solving issues related to the health care system, financial, or social barriers.
- Acts as an advocate for clients to ensure the necessary services are provided to the client in a timely fashion.
- Coordinates with other care coordination teams to ensure access to peer support and/or nursing support as needed.
- Works collaboratively with other mental health professionals and substance abuse counselors.
- Works as a member of the Seasons team to ensure services follow SAMHSA's guiding principles of recovery.
- Provides training to agency staff and the community regarding military and veterans' culture and unique service needs.
- Provides and follows-up on referrals to community and social support services.
- Maintains client and employee confidentiality, abiding by all state and federal confidentiality expectations including those established by HIPAA and 42 CFR Part 2.
- Meets monthly productivity requirements.
- Perform other duties as assigned.

Job Competencies

- Communication
- Planning & Organization
- Ethics & Integrity
- Adaptability & Flexibility
- Problem Solving
- Teamwork

Education/Licenses

- Bachelor's Degree in Social Work, Psychology, Counseling, or related field required
- Must have a valid driver's license, reliable transportation, & proof of insurance.

Experience/Knowledge

- 1-3 Years of Experience in Case Management/Care Coordination preferred
- Experience working in human services; military background preferred
- Proficient in Microsoft Word, Outlook, and Excel
- Knowledge of Habilitation and Medication preferred
- Knowledge of available physical and behavioral health supports, services, and providers preferred

Travel Requirements

• This position requires travel,

Substance Use Disorder (SUD) Recovery Peer Support

Position Objective

The Substance Use Disorder Recovery Peer Support worker provides support to clients who are receiving services through Seasons Center. This position acts a mentor and role model who can provide guidance and role modeling through insight gained from their own personal recovery journey. This position is expected to collaborate with other mental health professionals such as therapists and care coordinators in order to provide clients with the knowledge, skills, and abilities to successfully cope with their mental illness.

Primary Responsibilities

- Provide all services in accordance with the policies and procedures of Seasons, applicable professional code of ethics, and all payor, licensing, and governmental rules.
- Attend and participate in training sessions and related training opportunities as made available, as well as appropriate staff meetings and team huddles.
- Document client services provided according to the clinical standards, rules, regulations, and procedures at Seasons Center.
- Share personal recovery story as appropriate to support and encourage clients on their own journey to recovery.
- Communicate with family, care coordination team, and service providers regarding clients' health and desired outcomes.
- Serve as a bridge between clients and service providers, supporting a productive and respectful partnership by assisting clients to express their strengths, needs and goals.
- Model and teach problem-solving and coping skills to individuals and their families.
- Provide education to the care coordination team regarding their own experience of mental substance abuse and recovery.
- Assist the care coordination team in meeting health outcome measures for assigned clients.
- Identify support group needs of clients and works to develop these when necessary
- Assist with care coordination as determined by the client's care plan and works with the client to develop health and recovery goals.
- Promote and exhibit health and wellness, including substance abuse prevention, obesity reduction, smoking cessation, etc.
- Advocate for and with clients, assisting them in preparing for meetings and accompanying them to meetings, court hearings, team meetings, and other related activities when needed.
- Provide crisis support for clients.
- Support the clients in discovering their strengths and concerns.
- Assist clients to identify and set goals and short-term objectives.
- Enhance the quality of life by integration and supports for clients in their own communities, identifying barriers and improving access to community and natural supports.
- Maintains client and employee confidentiality, abiding by all state and federal confidentiality expectations including those established by HIPAA and 42 CFR Part 2.
- Perform additional job duties as assigned.

Job Competencies

- Communication
- Ethics & Integrity
- Flexible & Adaptable
- Relationship Building

- Problem Solving
- Planning & Organization

Education/Knowledge

- High school diploma or GED required.
- Must have a valid driver's license, reliable transportation, & proof of insurance.
- Knowledge of recovery principles.

Experience/Background

- Personal experience with a substance use disorder with a minimum of two years in recovery required.
- Experience working in a human services field preferred.
- Certified Peer Recovery Specialist preferred but not required

Travel Requirements

This position requires travel.

CCBHC Substance Use Disorder (SUD) Case Manager

Position Objective

The CCBHC Substance Use Disorder Case Manager is responsible for individuals with long-term substance use disorders. This position meets with clients on a quarterly basis to assess client needs and coordinate client care. This position is also expected to market CCBHC SUD Case Management benefits and services in the community.

Primary Responsibilities

- Supports and abides by departmental and agency policies and procedures as well as adhere to
 ethical standards applied by accrediting agencies, licensing boards and the Organization Code of
 Ethics.
- Conducts in-depth interviews/assessments and use specialized knowledge to gather complicated information from individuals to be enrolled in the SUD Case Management program; reviews and updates this information at minimum annually.
- Develops a person-centered service plan annually with the individual and their team and updates as needed.
- Receives quarterly updates from services providers on goal progress/barriers.
- Annually complete a standardized assessment that drives the service plan.
- Develops a person-centered service plan annually with the individual and their team and update as needed
- Uses available data such as tests/assessment scores, participant evaluations, and service evaluations to determine health and wellness needs and determine interventions to address gaps in service
- Facilitates and coordinates comprehensive transitional care as per client needs (i.e. transition in or out of inpatient settings, transition into adult services, etc.)
- Attends and participates in training sessions and related training opportunities as made available, as well as appropriate staff meetings.
- Provides community outreach and education on SUD Case Management benefits and services.
- Maintains and submits required paperwork, reports and records.
- Documents progress of clients.
- Communicates with parents and guardians of adult clients.
- Provides as-needed teaching to clients in order to promote health and assist in the understanding
 of substance use/abuse, mental illness, medication compliance, and additional specialty services
 as recommended by medical providers and/or care coordination team.
- Assists individuals in solving issues related to the health care system, financial, or social barriers.
- Acts as an advocate for clients to ensure the necessary services are provided to the client in a timely fashion.
- Provides and follows-up on referrals to community and social support services.
- Maintains client and employee confidentiality, abiding by all state and federal confidentiality expectations including those established by HIPAA and 42 CFR Part 2.
- Meets monthly productivity requirements.
- Perform other duties as assigned.

Job Competencies

- Communication
- Planning & Organization

- Ethics & Integrity
- Adaptability & Flexibility
- Problem Solving
- Teamwork

Education/Licenses

- Bachelor's Degree in Social Work, Psychology, Counseling, or related field required
- Must have a valid driver's license, reliable transportation, & proof of insurance.

Experience/Knowledge

- 1-3 Years of Experience in Case Management/Care Coordination
- Experience working in human services, preferred experience working with individuals with substance use disorders
- Proficient in Microsoft Word, Outlook, and Excel
- Knowledge of available community supports, services, and providers preferred

Travel Requirements

• This position requires travel.

Substance Use Disorder Case Management Specialist

Position Objective

The Substance Use Disorder (SUD) Case Management Specialist supervises, directs, and supports the Substance Use Disorder Case Management discipline at Seasons. This position is also responsible for overseeing the quality and direction of all SUD Case Management team components and their impact on Seasons.

Primary Responsibilities

- Supervises all SUD Case Management personnel by monitoring performance, providing guidance/training, completing performance evaluations, developing goals and conducting discipline meetings.
- Interviews potential employees and makes hiring recommendations, with guidance and support from the VP of Patient Care.
- Creates an effective work environment by setting clear objectives, displaying teamwork and positivity, recognizing outstanding performance, and encouraging open communications.
- Maintains and submits SUD Case Management paperwork, reports and records. Oversees
 program benchmark monitoring and required data collection and ensures the SUD Case
 Management program is meeting assigned metrics and contractual requirements.
- Oversees intake and enrollment referrals.
- Ensures huddles are completed effectively and on a regular basis.
- Ensures that SUD Case Management teams are utilizing a team-based approach that assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's needs including, but not limited to, physical and behavioral health, social services, housing, employment and education to promote quality, cost-effective outcomes.
- Participates in the development and execution of regular support groups and activities for SUD
 Case Management adolescents and families.
- Meets with leadership monthly to discuss SUD Case Management including but not limited to the vision of the program, necessary changes, and updates.
- Works closely with the Community Care Coordination Specialist and IHH Director to ensure collaboration, consistency, and appropriate internal referrals.
- Markets SUD Case Management services in the community; assesses community needs and outreach/enrollment opportunities
- Serves as coordinator and liaison with outside agencies to make it possible to collaborate and coordinate services with other health and human service providers.
- Supports and abides by departmental and agency policies and procedures as well as adheres to
 ethical standards applied by accrediting agencies, licensing boards and the Organization Code of
 Ethics.
- Maintains client and employee confidentiality, abiding by all state and federal confidentiality expectations including those established by HIPAA and 42 CFR Part 2.
- Perform other duties as assigned.

Job Competencies

- Communication
- Planning & Organization
- Ethics & Integrity
- Leadership

- Adaptability & Flexibility
- Attention to Detail
- Teamwork
- Problem Solving & Decision Making

Education/Experience

- Bachelor's Degree in Social Work, Psychology, Counseling, or related field required. Must hold a state certification in substance abuse counseling.
- Preferred: Licensed in the state of Iowa (LISW, LMSW, LMHC, LMFT) or be working towards obtaining a mental health license.
- Proficient in Microsoft Word, Outlook, and Excel
- 1-3 Years of Experience in the field of Substance Use Disorder Treatment
- Experience working in human services

Travel Requirements

This position requires travel.

Intensive Psychiatric Rehabilitation Practitioner (IPR)

Department: Community Services

Supervisor: IPR Specialist

Position Objective: The Intensive Psychiatric Rehabilitation Practitioner (IPR) is responsible for the implementation of IPR services which include providing in-home and community based services to individuals with a mental health diagnosis and assisting them in achieving their personal recovery goals. A successful IPR Practitioner will have the ability to build rapport with clients to work with them in identifying, achieving, and maintaining their goals in the areas of living, working, learning, and socializing.

Primary Responsibilities

- Provide and facilitate individual's skill development and support which includes daily living, socialization, educational/vocational supports and opportunities, and leisure/recreation activities planning including community integration and community connections.
- Serve as an advocate and encourages individuals to assume a proactive role in their rehabilitative process, including a mastery of skills.
- Help individuals receive the level of and/or have access to the services/supports they choose
- Monitor and track progress of individual's in assigned caseload
- Participate in the development of individualized rehabilitation plans.
- Meet productivity requirements.

Additional Responsibilities

- Provide all services in accordance with the policies and procedures of Seasons, applicable professional code of ethics, and all payor, licensing, and governmental rules.
- Maintain client and employee confidentiality, abiding by all state and federal confidentiality expectations including those established by HIPAA.
- Attend and participates in training sessions and related training opportunities as made available, as well as appropriate staff meetings
- Maintains client and employee confidentiality, abiding by all state and federal confidentiality expectations including those established by HIPAA and 42 CFR Part 2.
- Perform other duties as assigned.

Job Competencies

- Communication
- Ethics & Integrity
- Planning & Organizing
- Problem Solving
- Flexibility & Adaptability
- Relationship Building

Education/Experience

- Bachelor's Degree required in social work, psychology, counseling, or related field from an accredited college or university.
- At least one year of experience in delivering services to individuals with mental health concerns.

- Must be willing to receive 60+ hours of training in IPR or have documented evidence of previous receipt of training.
- Certified psychiatric rehabilitation practitioner by the United States Psychiatric Rehabilitation Association preferred.

Travel Requirements

• This position requires travel.

Intensive Psychiatric Rehabilitation (IPR) Specialist

Department: Community Services

Supervisor: Vice President of Community Services

Position Objective: The Intensive Psychiatric Rehabilitation (IPR) Specialist is responsible for the Intensive Psychiatric Rehabilitation (IPR) programming including the implementation and ongoing evaluation of IPR services. This position will supervise and train IPR Practitioners. This position will also provide IPR services which include providing in-home and community based services to individuals with a mental health diagnosis and assisting them in achieving their personal recovery goals.

Primary Responsibilities

Direct Client Services

- Provide and facilitate individual's skill development and support which includes daily living, socialization, educational/vocational supports and opportunities, and leisure/recreation activities planning including community integration and community connections.
- Serve as an advocate and encourages individuals to assume a proactive role in their rehabilitative process, including a mastery of skills.
- Help individuals receive the level of and/or have access to the services/supports they choose
- Monitor and track progress of individual's in assigned caseload
- Participate in the development of individualized rehabilitation plans.
- Meet productivity requirements.
- Maintains client and employee confidentiality, abiding by all state and federal confidentiality expectations including those established by HIPAA and 42 CFR Part 2.

Supervision

- Create an effective work environment by setting clear objectives, displaying teamwork and positivity, recognizing outstanding performance, and encouraging open communications.
- Maintain an active awareness of Season's business environment, corporate culture, and structure to support strategic decision-making.
- Collaborate with other members of leadership to ensure the goals of Seasons are met while also complying with the policies and procedures of the organization.
- Develop employees through training/coaching/mentoring, providing performance feedback and establishing performance and development plans.
- On board new staff effectively through setting appropriate expectations and providing the necessary supervision and training.
- Monitor staff productivity and complete annual performance evaluations.
- Participate in employee conduct and discipline meetings.
- Interview job candidates and make hiring decisions/recommendations
- Conduct monthly discipline meetings and participates in interdisciplinary meetings.
- Advocate the IPR program to leadership including but not limited to the program needs and necessary changes.
- Conduct individual and group supervision.
- Build and maintain relationships with referral sources

Additional Responsibilities

- Provide all services in accordance with the policies and procedures of Seasons, applicable professional code of ethics, and all payor, licensing, and governmental rules.
- Attend and participate in training sessions and related training opportunities as made available, as well as appropriate staff meetings
- Perform other duties as assigned.

Job Competencies

- Communication
- Ethics & Integrity
- Planning & Organizing
- Problem Solving
- Flexibility & Adaptability
- Relationship Building
- Leadership

Education/Experience

- Bachelor's Degree required in social work, psychology, counseling, or related field from an accredited college or university.
- At least one year of experience in delivering services to individuals with mental health concerns.
- Must be willing to receive 60+ hours of training in IPR or have documented evidence of previous receipt of training.
- Certified psychiatric rehabilitation practitioner by the United States Psychiatric Rehabilitation Association preferred.
- 1-3 years of experience in a leadership or supervisory role.

Travel Requirements

■ This position requires travel:

Community Care Coordination Specialist

Position Objective

The Community Care Coordination (CCC) Specialist supervises, directs, and supports the Community Care Coordination discipline at Seasons. This position is also responsible for overseeing the quality and direction of all Community Care Coordination team components and their impact on Seasons.

Primary Responsibilities

- Supervises all CCC personnel by monitoring performance, providing guidance/training, completing performance evaluations, developing goals and conducting discipline meetings.
- Interviews potential employees and makes hiring recommendations, with guidance and support from the VP of Patient Care
- Creates an effective work environment by setting clear objectives, displaying teamwork and positivity, recognizing outstanding performance, and encouraging open communications.
- Maintains and submits CCC paperwork, reports and records. Oversees program benchmark monitoring and required data collection and ensures the CCC program is meeting assigned metrics and contractual requirements.
- Oversees intake and enrollment referrals.
- Ensures huddles are completed effectively and on a regular basis.
- Participates in the development and execution of regular support groups and activities for CCC children and families.
- Meets with leadership monthly to discuss CCC including but not limited to the vision of the program, necessary changes, and updates.
- Works closely with the Substance Abuse Case Management Specialist and IHH Director to ensure collaboration, consistency, and appropriate internal referrals
- Markets CCC services in the community; assesses community needs and outreach/enrollment opportunities
- Serves as coordinator and liaison with outside agencies to make it possible to collaborate and coordinate services with other health and human service providers.
- Supports and abides by departmental and agency policies and procedures as well as adheres to
 ethical standards applied by accrediting agencies, licensing boards and the Organization Code of
 Ethics.
- Maintains client and employee confidentiality, abiding by all state and federal confidentiality expectations including those established by HIPAA and 42 CFR Part 2.
- Perform other duties as assigned.

Job Competencies

- Communication
- Planning & Organization
- Ethics & Integrity
- Leadership
- Adaptability & Flexibility
- Attention to Detail
- Teamwork
- Problem Solving & Decision Making

Education/Experience

- Bachelor's Degree in Social Work, Psychology, Counseling, or related field required
- Proficient in Microsoft Word, Outlook, and Excel
- 1-3 Years of Experience in Case Management/Care Coordination
- Experience working in human services

Travel Requirements

This position requires travel.

Seasons Center for Behavioral Health

CCBHC Family Peer Support

Position Objective

The CCBHC Family Peer Support worker provides support to families with children receiving services at Seasons Center. This position acts a mentor and role model who can provide guidance through insight gained from their own personal experience. This position is expected to collaborate with other mental health professionals such as therapists and care coordinators in order to provide families with the knowledge, skills, and abilities to successfully support their child.

Primary Responsibilities

- Provide all services in accordance with the policies and procedures of Seasons, applicable professional code of ethics, and all payor, licensing, and governmental rules.
- Attend and participates in training sessions and related training opportunities as made available, as well as appropriate staff meetings and team huddles.
- Document services provided according to the clinical standards, rules, regulations, and procedures at Seasons Center.
- Share personal experience as appropriate to support and encourage families.
- Provides education to the care coordination team regarding their experience.
- Assist the Care Coordination Team in meeting health outcome measures for assigned clients.
- Participate as a member of the care coordination team to manage access to care, evaluate and work to improve quality of care for families served.
- Assist families in understanding and navigating the child's welfare, mental health, juvenile justice and education systems.
- Support the efforts of families in caring for and strengthening their children's mental and physical health, development and well-being of their children
- Prepare family for meetings and advocate for the family by accompanying them to meetings, court hearings, school meetings, and other related activities when needed
- Empower families to make informed decisions regarding supports for themselves and their child
- Serve as a bridge between families and service providers, supporting a productive and respectful partnership by assisting the families to express their strengths, needs and goals.
- Support the families in discovering their strength and concerns. Assist families to identify and set goals and short-term objectives.
- Enhance the quality of life by integration and supports for families in their own communities, identifying barriers and improving access to community and natural supports
- Educate families about their rights and responsibilities.
- Maintains client and employee confidentiality, abiding by all state and federal confidentiality expectations including those established by HIPAA and 42 CFR Part 2.
- Perform additional duties as needed.

Job Competencies

- Communication
- Ethics & Integrity
- Flexible & Adaptable
- Relationship Building
- Problem Solving
- Planning & Organization

Education/Knowledge

- High school diploma or GED required.
- Must have a valid driver's license, reliable transportation, & proof of insurance.
- Knowledge of recovery principles.
- Family Peer Support certification preferred but not required

Experience/Background

- Experience as primary caregiver for a child with developmental, emotional, or behavioral health needs.
- Experience working in a human services field preferred.

Travel Requirements

• This position requires travel.

3.2.4.4 A proposed staff training plan as referenced in Section 1.3.1.1.4 of the RFP.

The CCBHC Training Plan is provided in the following table.

Seasons: CCBHC	Training Plan	
Training Seasons: CCBRC	Required Staff	Timeframe
New Employee Orientation	All Staff	Orientation
Seasons: Mission/Vision/Values	7th Stair	OHIGH
Confidentiality, HIPPAA & CFR 42 Part 3		
Mandatory Reporting Training		
Program Specific Training:		
Trogram Specific Training. Documentation standards		
& time spent observing lead staff		
Introduction to disciplines (departments) &		
multi-disciplinary team members		
muiti-aisciptinary team members General HR Training		
27	All Staff	Orientation & Annually
Cultural Competency, Literacy, & Language-Based Disabilities	An Stan	Thereafter
Specific training topics bases on results of		
Needs Assessment		
Training to foster awareness and sensitivity on		
issues: race, gender, ethnicity, age, sexual		
orientation, & gender identity		
Person-Centered & Family-Centered	All Staff	Orientation & Annually
Treatment		Thereafter
General overview of EBP Implementation at		
Seasons		
Training based on SAMHSA definition of		
recovery		
Person-Centered & Family-Centered Treatment		,
training: Collaborative documentation, shared		
decision making, and individual self-direction in		
treatment		
The role of families & peers		
Trauma-informed care, including PTSD		
Primary Care & Behavioral Health Integration	All Staff	Orientation & Annually Thereafter
Care Coordination Benefits & Requirements		
Primary Care Screening & Monitoring		•
Utilization of Health Information Technology		
System		
Working with a Multi-Disciplinary Team		
Risk-Assessment, Suicide Prevention, and	All Staff	Orientation & Annually
Suicide Response		Thereafter
Crisis Plans & Advance Psychiatric Directives		Fall 2016 & Annually
Mental Health First Aid Training		Within one year of hire for non-licensed staff
ACT Team Overview	1	Fall 2016 & Annually
Mobile Crisis Team Overview		Spring 2017 & Annually
Psychiatric Rehabilitation Approach		Fall 2016 & Annually
r Sychian ic Kenabinianon Approach	1	Tun Zoro & Ammany

Motivational Interviewing	All Staff	Within 6 months of hire &
		annually
TF-CBT	All Staff	December 2016 &
		Annually
Medication Assisted Treatment (MAT)	All Staff	Summer 2016 & Annually
Mental Health Care Needs for Members of	All Staff	Fall 2016 & Annually
the Armed Forces & Veterans		
Assistance with enrolling in VHA		
Role of the Principle Behavioral Health		
Provider		
Training about military & veterans' culture		

All staff will receive basic training on the above topics, with identified staff (i.e. clinical staff) receiving extended training in specific topic areas.

Seasons is currently in the interviewing phase of recruiting a Training Director (Psychologist) that will lead training effort across the agency.

3.2.4.5 A copy of its intake/referral form, risk assessment tool, description of current intake process and list of languages that the Bidder makes the intake paperwork available to the public.

An Intake/Support Staff works with all new referrals to Seasons. This individual assists with completing paperwork, including financial assistance as necessary. A client can initiate a referral by calling Seasons or applying online (www.seasonscenter.org). For clients who do not speak English, an interpreter is provided. Intake forms are in the process of being translated into Spanish. Upon completion of the intake paperwork, a client is scheduled for the appropriate service(s). Copies of intake/referral forms are provided on the next pages.

Insert copies

The remainder of this page is intentionally left blank to insert the requested documents.



Welcome to Seasons Center for Behavioral Health Center

Dear		

August 5, 2014

Congratulations on taking the first step toward better mental health. We thank you for choosing Seasons Center as your behavioral health provider.

Attached are intake papers that you need to complete and sign where indicated. Please return to Seasons Center as soon as possible. Please include a copy - front & back - of your insurance card(s).

Please return by using one of the following:

Mail to: Seasons Center, 201 E 11th St., Spencer, IA 51301 Attn: Intake Specialists

Email to: intake@seasonscenter.org

Fax to: 712-264-3173

If you would like help in filling out your paper work, please give us a call at 1-800-242-5101 ext. 1105 and we can assist you over-the-phone or schedule an appointment with you at one of our other locations.

Full fees effective July 1, 2013 are as follows (A full list of all fees is available upon request):

	Doctor/Therapist
Psychiatric Evaluation	\$300
Medication Management	\$55 - \$185
Therapy Evaluation	\$220
Therapy Session	\$75 - \$170
Substance Abuse Evaluation	\$150
DOT Substance Abuse Evaluation	\$125
Substance Abuse Therapy Session	\$40 - \$100
Intensive Outpatient Program (Daily Rate)	\$150
Substance Abuse Group (2 hr)	\$64

- Consent to Treat and Payment of Services: Please review and sign and date where indicated. If you are the parent or guardian of the client, please sign where applicable and date.
- Description of Services: This form is for you to keep. It explains the various services Seasons Center offers.
- HIPAA Acknowledgment: Please review, then sign and date where indicated. Substance abuse patients please be advised that your records are further covered by Federal Standards 42-CFR-Part 2.
- Rights of Individuals Served: Please review and keep for your records.
- Notice of Privacy Practices: Please review this form and keep for your records.
- Authorizations: Please complete where indicated and sign.

Please consider not <u>bringing other children to your child</u>'s appointments. It is important the doctor have as few interruptions as possible to accurately assess and treat your child.

CENTER FOR BEHAVIORAL HEALTH



6-1-10

Name:		Case#:	Medicai	id# DOB	
Privacy Notice. Seasons Center	I have notice, I	been told that if may request as	I have trouble rea	ter for Behavioral Health Center ading or understanding the stand that if I have questions or	•
I have also been these forms, I u	n offered nderstand	copies of any and	all parts of the re the registration p	vices provided by Seasons Center. gistration process. By completing cocess and my treatment will begin	5
Signature O	btained	Accepts Copy	Declines Copy	Forms	
☑YES □NO	□N/A			Consent to Treat & Payment	
☑YES □NO	□N/A			Description of Services	
☑YES □NO	□N/A			Consumer Rights	
☑YES □NO	□N/A			HIPAA Acknowledgement:	
☑YES □NO	□N/A			Notice of Privacy Practices	
✓YES □NO	□N/A			Authorizations	
Client/Legal Rep	presentativ	e		Date	
Staff Member				Date	•

CENTER FOR BEHAVIORAL HEALTH

Fee Rates, Region Funding, and Insurance: For the services I receive at Seasons, I understand and agree that I will be billed the current full fee rate. If I have insurance, my insurance company will be billed full fee. Should I choose to make application to the region for a subsidy of my fee, I will be charged at the current full fee rate (100%) until the region has approved or denied funding for mental health services at Seasons. The Board of Directors has approved a sliding fee scale for region funding based upon my gross income. Should the region deny funding, I understand that I am responsible for all charges for my services. Payment is expected at the time services are rendered. I understand that fees not paid after 90 days may be sent to collections if no alternative payment agreement has been made.

I understand that if services are supported by third party and/or county, these services may be subject to audit by authorized representatives of those payers for verification purposes. I authorize payment of health benefits otherwise payable to me, directly to Seasons Center, and I consent to reviews of services rendered for such purposes. Seasons has agreed to bill third party payers upon being provided current and accurate billing information. This Signature on File is valid for all third party payers involved in collecting monies for services rendered. I agree to provide Seasons Center with accurate and current insurance information. I also understand that Seasons cannot guarantee third party payment.

Quality of Service: Members of Seasons' governing board and the State of Iowa have established standards of quality for services provided at Seasons. It is their intent that the staff of Seasons be fully trained and competent mental health professionals. I understand that there is no assurance that I will feel better. Because behavioral health treatment/services is a cooperative effort between my service provider and me, I will work with my service provider in a cooperative manner to resolve my difficulties. If I feel the staff is not providing the type or quality of services needed, I will first talk to the staff person involved. The staff member will try to resolve my concern and explain the process for further action if I am not satisfied. If I feel unable to discuss the matter with the staff person, I have the right to contact the staff's supervisor or the consumer concerns department at 712-262-2922 or 1-800-242-5101, who will then fully investigate.

Emergency Services: Emergency services are crisis services that provide a focused assessment and rapid stabilization of acute symptoms of mental illness or emotional distress, and are available and accessible to consumers on a 24-hour basis by calling 1-800-242-5101 or 712-262-2922.

Appointments: Due to the demand for services and the nature of treatment please give 24-hour notice of cancellation. Seasons will charge clients \$26.00 unless we are notified of an appointment cancellation.

Seasons Center for Behavioral Health Consent to Treat and Payment of Services

Permission to Provide Mental Health Services:

Seasons will provide diagnostic and treatment services, or both, upon your written consent to do so. Please sign indicating that you are requesting services.

I request that Seasons perform	either diagnostic or treatme	nt services, or both, for	
Date of Birth	Account#	Medicaid#_	
Individual's Signature			Date
Parent/Guardian			Date
Staff Member			
Signature on file for third party	payers		

SEASONS CENTER FOR BEHAVIORAL HEALTH DESCRIPTION OF SERVICES

CASE MANAGEMENT SERVICES

Case Management services are available to individuals with intellectual disabilities or brain injuries. Case Management services are provided by qualified staff with extensive experience and assist the member in becoming more independent, self-sufficient, and productive members of their communities. Case managers assist clients with gaining access to appropriate and necessary medical services and interrelated social, educational, housing, transportation, vocational, and other services.

COMMUNITY BASED SERVICES

Seasons offers numerous options to encompass clients in their homes and community that are designed to assist them to meet any challenges stemming from emotional health.

- Supported Community Living (SCL) provides services and support to individuals where they live, learn, work and socialize in a community setting.
- Community Support Services (CSS) address disabilities that may negatively affect the individual's integration and/or stability in their community.
- Habilitation Services are individualized services for individuals with Chronic Mental Illness.
- Elderly Waiver or Senior Living Trust services are designed to support the individual, over the age of 60, addressing mental and functional disabilities that negatively affect stability in functioning.
- Behavioral Health Intervention Services (BHIS) are skill-based interventions for children aged 0-18 that focus on reducing behavioral health challenges by teaching skills such as conflict resolution, problem solving, coping, impulse control, and relationship building.

EMERGENCY SERVICES

Emergency services are provided 24 hours per day 7 days per week to assist individuals and families who have an emergent need. Services can be accessed by dialing 1.800.242.5101. Seasons provides these services when: individuals or family members feel that they or a loved one are a danger to themselves or others; individuals feel overwhelmed and need to speak to a crisis counselor right away; Onsite assistance arising from a traumatic event such as a death or injury in the workplace, natural disaster, car accident, suicide, homicide, or other such traumatic events.

FUNCTIONAL FAMILY THERAPY

Functional Family Therapy (FFT) is a family-based prevention and intervention program. It is a short-term, high quality intervention program with an average of 12 sessions over a 3-4 month period. Services are typically conducted in the home, but can also be offered in other settings such as schools, child welfare facilities, probation and parole offices/aftercare systems, and mental health facilities. FFT recognizes the importance of family relationships; it works to improve family communication and family member's support to one another, while decreasing intense negativity. It assists family members in adopting positive solutions to family problems and making positive behavioral changes. In addition, it helps families clarify and work towards achieving positive goals and enhancing parenting strategies while also building positive interactions with the surrounding community.

INTEGRATED HEALTH HOMES

Seasons offers Integrated Health Home (IHH) services for adults and children. Seasons' IHH helps coordinate all services and ensures individuals and families get the services they need. The focus of IHH is integrating medical and behavioral care, as well as other social support needs, with the intention of improving health

through better coordination, communication, resource access and health and wellness education and activities. Individuals enrolled in Seasons' IHH are cared for by a care coordinator with a minimum of a bachelor's degree in Human Services or related field, a nurse with a minimum of an RN degree, and a peer or family peer support with lived experience of recovery in mental illness. IHH is an additional service available to Medicaid members. Enrolled members can keep all existing services, such as therapies, medication management, Behavioral Health Intervention Services, and habilitation services. Members can receive their IHH care coordination activities from the team at Seasons, while still receiving services from one or several other mental health and substance abuse services agencies.

IOWA DOMESTIC ABUSE PROGRAM (IDAP)

Seasons offers Iowa Domestic Abuse Program (IDAP) services for both men and women. IDAP is an educational program aimed at guiding attendees to make positive, non-violent choices and engage in behaviors consistent with their personal values. In most circumstances, group members have either been arrested/convicted under domestic violence laws but other referrals are also considered for program admission.

JUVENILE COURT SPECIALITY CARE COORDINATION

Juvenile Court Specialty Care Coordination (JCSCC) is designed to provide community-based support for youth and families involved in the Juvenile Court system. Juvenile Court Specialty Care Coordinators assist the family through direct contacts in their home or neighborhood, and are key members of the youth's treatment team. Goals of the service include prevention of juvenile crime and the reduction of youth violence, adolescent substance abuse, teen pregnancy, school dropouts, truancy, and gang activity.

Juvenile Court Specialty Care Coordinators help the youth and their family understand what services are available to them and facilitate accessing and coordinating those services. This program works closely with Juvenile Court to monitor and validate the youth's progress towards goals, and provides assistance through modeling positive behaviors and advocacy.

OUTPATIENT MENTAL HEALTH SERVICES

Outpatient therapy services focus on alleviating specific mental health problems, enhancing overall functioning, and preventing development of more serious or more disruptive problems for the individual and for those involved in their care. At a minimum, Seasons Center therapists are educated at a Masters level in psychology, social work, counseling, and/or marriage and family counseling. All therapists are licensed or eligible to be licensed in their discipline. Based on the assessment and social history, the therapist and individual(s) develop a mutually agreed upon plan for treatment. Therapists use a variety of interventions to facilitate goal achievement. The therapy process is individualized and based upon the resources, abilities, and limitations of the individual(s) receiving the service. In addition to individual therapy, outpatient services are also provided in family and/or group therapy modalities.

OUTPATIENT SUBSTANCE ABUSE SERVICES

Outpatient services focus on alleviating specific substance abuse/dependency problems, enhancing overall functioning and preventing development of more services or disruptive problems for the individual and their families. At a minimum, Seasons Center Substance abuse/dependency therapists are educated at a Bachelors level in psychology, social work or other related field. Master level therapists are strongly sought and bachelor level therapists strongly encouraged to seek out a graduate level education. All therapists are certified or eligible for certification through the Iowa Board of Substance Abuse Certification. Therapists are also encouraged to seek out advanced certification as well as licensure in a counseling related field after meeting eligibility requirements. Based on the assessment and social history the therapist and individual(s) develop a

the service. In addition to individual therapy, outpatient services are also provided in family and/or group therapy modalities.

PSYCHIATRIC SERVICES

The Psychiatric Department consists of Psychiatrists, Physicians Assistants, Nurse Practitioners, and Registered Nurses. Comprehensive outpatient psychiatric care is provided to children and adults. The psychiatrist/ARNP/PA diagnose and treat psychiatric disorders. Psychiatric evaluations are completed for the purpose of assessing symptoms, needs, abilities, disabilities, and history; diagnosing illness, and determining treatment and follow-up service needs. Ongoing treatment is provided through medication management in order to monitor medication effects and side effects. A psychiatrist is available to provide services for inpatient management of adults. 24-hour on-call services are available through Emergency Services. Consultation is available to other community physicians regarding inpatient and outpatient treatment, as needed.

PSYCHOLOGICAL TESTING

Seasons offers psychological evaluation to assist in assessing an individual's level of functioning in the areas of cognitive skills, developmental progression, and emotional and behavioral functioning. The evaluation is useful for obtaining a clear diagnosis, assessing a disability, coordinating services with schools, and developing efficacious treatment.

Evaluations are tailored to each individual, but they generally fall into the following categories:

- Neuropsychological: Examines a wide-range of brain-related skills, such as general intelligence, attention, memory, language, sensory-motor functioning, and problem-solving skills.
- Psychoeducational: Assesses academic abilities with a focus on determining whether there is a learning disability.
- Developmental: Determines a child's ability relative to same aged peers.

Psychological evaluations consist of interviews with the individual client and significant others, cognitive testing, and emotional/behavioral assessment.

Seasons Center for Behavioral Health Safeguarding the Rights of Individuals Served

Seasons Center for Behavioral Health holds that its primary obligation is to enhance and safeguard the mental well being of individuals served. Seasons' employees shall provide services in ways that respect and enhance the individual's sense of autonomy, privacy, dignity, self-esteem and involvement in the treatment. Employees take language barriers, cultural differences and cognitive deficits into consideration and make provisions to facilitate meaningful individual participation.

Individual Rights Include:

- The right to be treated with respect and dignity.
- The right to receive care based on their individual situations/needs.
- The right to have the quality of their care assured.
- The right to consent or decline services.
- The right to have their views considered in the making of decisions which affect them.
- The right to have those who are legally responsible for their welfare be fully informed about the nature of services/actions to be provided and their outcome in order that they may have choices regarding their participation and/or their children's participation.
- The right to be informed about the purpose of services they are receiving.
- The right, if over the age of 7, to be informed about and make choices regarding their participation in research as well as the right to have their parents/guardians review and approve it.
- The right to receive services without non-clinically determined delays.
- The right to be served in the least restrictive setting.
- The right to express opinions about services received.
- The right to have patient records protected from an invasion of privacy. To have information held
 confidential unless consent is given in written form by signing a release, a court order is issued to
 Seasons, disclosure is made to medical personal in a medical emergency, or qualified person for
 research, audit or program evaluation.
- The right to appeal agency actions.

Individual Responsibilities Include:

- Individuals will actively participate in the establishment of treatment goals.
- Individuals will keep scheduled appointments and notify the Center regarding any necessary changes in scheduled appointments.
- Individuals will inform their primary clinician of any changes in medication and will take medication as prescribed.
- Individuals will follow through with suggestions, recommendations, or homework assignments between sessions.
- Individuals will check with pharmacy regarding refills before contacting the Center.
- Individuals will respect the privacy and confidentiality of other patients.

Seasons Center for Behavioral Health does not conduct any experimental treatment procedures; does not conduct any procedure that carries an intrinsic risk such as convulsive therapy, psychosurgery, or aversive conditioning; and does not conduct education demonstrating programs involving audio visual equipment or one-way mirrors.

Anyone who believes that Center actions are not in accord with this policy should contact the Director.

Kim Scorza, MSW, LMSW Executive Director

Seasons Center for Behavioral Health

HIPAA Acknowledgment

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. As stated in our notice, the terms of the notice may change. If we change our notice, you may obtain a revised copy by contacting the Privacy Officer at Seasons Center for Behavioral Health, 201 E. 11th St., Spencer, IA 51301.

By signing this form, you acknowledge that you have received a copy of our Notice of Privacy Practices (dated April 14, 2003), Individual Rights & Responsibilities form, and a Description of Services form.

Individual Appeals Process

Seasons provides and informs all individuals served (and their guardians) of their right to appeal the application of policies, procedures, or any staff action that affects them.

- 1. All individuals served are informed of Seasons' appeals process during the intake process. They receive a printed copy of Individual Rights and Responsibilities, which includes the appeals process.
- 2. When an individual verbally presents a complaint or appeal to an employee of Seasons Center:
 - A. The employee will suggest that the individual speak first directly with the employee involved with the concern to resolve the matter.
 - B. If the individual is uncomfortable addressing the staff person directly, the individual will be directed to talk to the employee's supervisor or the Executive Director.
- 3. If the individual is dissatisfied with the results of #2, or wishes to pursue the matter further, they will be given an Individual Appeal form.
 - A. If they need assistance with filling out the form, the Executive Director, or whom the Executive Director designates, will assist them with doing so.
 - B. The Executive Director, or whom the Executive Director designates, will write down all pertinent information or allow them to write their concerns.
- 4. Within ten (10) days, the Executive Director, or whom the Executive Director designates, shall investigate the complaint and respond in writing to the individual.
- 5. If dissatisfied with the recommendations, the individual will be informed that they may submit their written complaint or request to the Executive Committee of the Board of Directors.
- A. The Executive Committee will review the complaint, ensure that the appeals process was followed, and make their recommendations to the Board of Directors at the next scheduled meeting of the full Board for decision.
- B. A response from the Board President will be written and delivered to the individual within 45 days of receipt of the written complaint/appeal.
- C. The decision of the Board of Directors shall be final.

My signature below indicates I have rec 24, 2006).	ceived a copy of this form stating the indi	vidual appeals process (dated February
Individual's Name:		
Date of Birth:	Account #:	Medicaid #:
Signature of Individual or Individual	s Representative	

SEASONS CENTER FOR COMMUNITY MENTAL HEALTH (SEASONS)

Notice of Privacy Practices - Effective Date: April 14, 2003

This notice is distributed to each Seasons client at time of intake and is on our website: www.seasonscenter.org.

This notice describes:

- · How medical information about you may be used
- How you can get access to your medical information

Please review it carefully.

Each time you visit Seasons a record of your visit is made. Typically, this record contains your symptoms, diagnoses, treatment, and a plan for future care or treatment. Understanding what is in your record and how your health information is used helps you to ensure its accuracy. It also helps you to better understand who, what, when, where, and why others may access your health information, and it helps you make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the physical property of Seasons, the information belongs to you.

You have the right to:

- Request and obtain a paper copy of this notice
- · Request communications of your health information by alternative means or at alternative locations
- Request to inspect and obtain a copy of your health record; however, if there are grounds for denial after review by your service provider, you will be provided with an explanation of the decision to deny access.
- Request a restriction on certain uses and disclosures of your information; however, Seasons is not required to agree to a requested restriction.
- Request an amendment of your protected health information. We may deny your request for the following reasons:
 - 1. It is not in writing or does not include a reason
 - 2. The information was not created by us
 - 3. The information is not part of the information maintained to make care decisions
 - 4. The information is not part of the information you are permitted to inspect
 - 5. The information is accurate and complete as is
- Revoke your authorization to use or disclose health information except to the extent that:
 - 1. Action has already been taken
 - 2. Authorization was obtained as a condition of obtaining health insurance coverage
- Obtaining an accounting of disclosures of your health information not pertaining to payment, treatment or health care operation or your authorization released after April 14, 2003

To take any of the above actions, contract our Privacy Officer at 201 E 11th St., Spencer, IA 51301.

OUR RESPONSIBILITIES:

Seasons is required by law to:

- Maintain the privacy of your health information which is protected information.
- Provide you with this Privacy Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- · Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post notice of this along with the revised policy in our reception areas and will supply you with the revised policy upon request to our Privacy Officer. We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information, you may contact Seasons at 712-262-2922 or 800-242-5101. If you believe your privacy rights have been violated, you can file a written complaint with the Seasons Privacy Officer at 201 E 11th St., Spencer, IA 51301. There is no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS We may release your private health information (PHI) in the following circumstances:

• Treatment:

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your healthcare team will then record the actions they took and their observations.

- Payment: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- Regular health operations: Members of the medical staff, quality assurance, or members of a qualify improvement team may use information in your health record to assess the care and outcomes in your case and others like it. this information will then be used in an effort to continually improve the qualify and effectiveness of the healthcare and service we provide.
- We may release your health information to family members and those you have authorized Unless you object, we may disclose health information to family members or legal representative who are involved in your care or involved in payment of your care; however, it is our policy to obtain your authorization for all releases of information whenever possible. If you are unable to agree or object to such a disclosure, our health professionals, using their best judgment, may disclose information if it is determined to be in your best interest.
- Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- Public health: As required by law, we may disclose your health information to public health or legal authorities responsible for preventing or controlling disease, injury, or disability.
- Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents there of health information necessary for your health and the health and safety of other individuals.
- Business associates: There are some services provided in our organization through contacts with business associates. Examples include certain medical laboratory for tests, pharmacies, accounting firm, and computer support. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- Research: We may disclose information to researchers when an institutional review board that has reviewed the
 research proposal, and established protocols to ensure the privacy of your health information has approved their
 research.
- Food and Drug Administration (FDA): We may disclose to the FDA health information related to adverse affects of medication or post marketing surveillance information to enable product recalls.
- Notification: We may contact you to provide appointment reminders, information about treatment alternatives, other health-related benefits, and/or services that may be of interest to you.
- Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.
- Emergency: If you have given indication through your words or actions that you are a danger to yourself or someone else, or that there has been incident of child or adult abuse, we are mandated by law or obligated to report this to the appropriate authorities such as the police or DHS.
- The Federal Department of Health and Human Services (DHHS): Under the privacy standards, we must disclose your health information to DHS as necessary for them to determine our compliance with those standards.

AUTHORIZATION- SEASONS CENTER FOR BEHAVIORAL HEALTH

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION Medicaid

Ι,	, authorize communication between Medicaid as managed by
(Name of Patient)	
the designated Managed Care Organization, and	Seasons Center for Behavioral Health
	(Name of program making disclosure)
to authorize the following information pertinent to my tro	eatment episode:
assessment and evaluation	
proposed treatment plan of care	
diagnosis	
progress notes related to preauthorization or concurr	ent review
continuing care plan other psychosocial information relating to preauthori	tration of concurrent review
follow-up contact	Zadon of concurrent review
other(specify)	
	port care management and reimbursement, satisfaction surveying and
quality improvement through IMSACP (Iowa Managed S	ubstance Abuse Care Plan).
above to the Department of Human Services, Division o Medicaid as managed by the designated Managed Care O determinations. I also authorize Medicaid as managed by case management information to Department of Human I understand that my records are protected under the Fee patient records, 42 CFR Part 2 and can not be disclosed or regulations. I also understand that I may revoke this con	the designated Managed Care Organization to verbally redisclose Services, County office for the purpose of case coordination. It is also being a least to the graph of alcohol and drug abuse without my written consent unless otherwise provided for in the sent at any time except to the extent that action has been taken in
form discharge, whichever is later.	when there has been a resolution of all outstanding claims or one year
ionii discharge, whenever is later.	
Signature of patient	Date
signature or patient	Date
AND RESIDENCE AND AND AND AND AND AND AND AND AND AND	
Signature of parent, guardian or authorized	
representative when required	
Printed Patient Name	ID

Prohibition of Redisclosure of Information concerning Patient in Alcohol or Drug Abuse Treatment: This notice accompanies a disclosure of information concerning a patient in alcohol/drug abuse treatment, made to you with the consent of such patient. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as other wise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any drug or alcohol abuse patient.

SEASONS CENTER FOR BEHAVIORAL HEALTH

Authorization to Release Information to Insurance Company

I authorize SEASONS CENTER FOR BEHAVIORAL HEALTH to release such information from my medical record as may be necessary for the completion of the SEASON CENTER FOR BEHAVIORAL HEALTH or my physician's claims for reimbursement to my insurance company, preferred provider organization, health maintenance organization, utilization review organization or agency.

I understand that the disclosure may include diagnosis or procedures performed and that, at the request of my insurance company, preferred provider organization, health maintenance organization, utilization review organization, or agency, my complete medical record may be subject to review. In addition, I understand that copies of my medical record may be obtained by my insurance company, preferred provider organization, health maintenance organization, utilization review organization, or agency.

I also authorize SEASON CENTER FOR BEHAVIORAL HEALTH to release such medical information from my record as may be required to permit each physician who provides care to me during the course of this stay or service to complete their office records.

This authorization includes mental health, alcohol and drug abuse records protected by state and federal legislation.

I understand that my records are protected under the Federal regulations governing confidentiality of alcohol and drug abuse records, 42 CFR Part 2 and can not be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires when there has been a resolution of all outstanding claims or one year from discharge, whichever is later.

Assignment of Benefits:

Medicaid#

In consideration of the services received or to be to SEASONS CENTER FOR BEHAVIORAL F		nsurance benefits due me
Patient or authorized representative	Date	
Relationship		·
Guarantor/Insured Certificate Holder		
Patient Printed Name	Date	

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CONSENT TO RELEASE OF INFORMATION Northwest lowa Mental Health Center (Seasons Center) 201 E 11th St, Spencer, IA 51301

Phone: (800) 242-5101

Patient's Legal Name			Birtl	h Date		_Medicaid # ˌ	
By signing this form, I am allow	ing Seasons Center t	o <u>√</u> release	e or <u>🗸</u> obtai	in written	and oral inf	ormation by.	telephone,
fax, electronic data exchange o	r mail concerning th	e above nar	ned patient	with the fo	ollowing ind	ividual or ag	gency:
Emergency Contact:							
Name of Person and/or Institution							
				<i>(</i>)		()	.
Address	City	State	Zip	Phone	#	\ Fax #	
Check the information to be discle	•						
Psychiatric Evaluation			ry Results			ledical Recor	,
Med/Progress Notes		Billing Inf				nnual Review	
Psychological Testing/Asses	-		nent Dates/In	nfo		itial Assessm	
Educational/Vocational Rec			e Summary			rogress Summ	
Service Plan/ICP/Treatment Other: Please Specify	rian	Social His	tory		A	ll of the above	e
Please indicate the reason for rele		Legal	Insu	rance	Tr	ansferring Ca	ro.
✓ Other: (Please Specify) Eme		rcgai	IIISUI	i alice	I S	ansiering ca	16
							•
This authorization is voluntary, If I							
Seasons Center, 201 E 11 th St., Spe	encer, IA 51301. If this	consent is c	ancelled, I un	derstand th	nat informati	on may have	been release
prior to the cancellation, and that							
of this information may possibly re							
no longer be protected by federal		understand th	nat I may revi	ew the disc	losed inform	ation or ask q	uestions by
contacting Medical Records at the	above address.						
Confidentiality of the information	is protected by Federa	al Law (42-CF)	R-Part 2) and	the code of	f Iowa Chapte	er 228. Furthe	er disclosure
is prohibited without specific cons					-		
SPECIFIC ALITHODIZATION FOR DE	TIEACE OF INTORNAT	ION DOOTECT	TED DV CTATE	OD TEDED	A1 1 A3A7		
SPECIFIC AUTHORIZATION FOR RE I understand that the information					•	ss I specifically	v denv the
release (initial any category not to		cidde imorm	ation in the to	mownig cat	egories unie:	ss i specificali	y derry the
Substance Abuse	Mental Health		HIV-r	elated info	rmation	Geneti	ic tests/info
This agreement will expire one year	er from the date of sign	nature or on	date specifie	vd.			
This agreement will expire one year		nature, or on	date specifie	.u			
Patient Signature		te					
·	-						
Legal Guardian Signature		te		Rela	tionship		
Witness Signature		te					
Only clients 18 years of age or old	ler, or legal represent	ative, can au	thorize releas	se of menta	ıl health info	rmation.	
Only clients, regardless of age, ca	•						•
Office Use Only:							
Please send records:	Date record	ls/request wa	is sent and by	y whom:			
Please request records:			ent:				
	2 C3C1 PC1011	555.4556					89

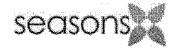


CONSENT TO RELEASE OF INFORMATION Northwest

lowa Mental Health Center (Seasons Center) 201 E 11th St, Spencer, IA 51301

Phone: (800) 242-5101

Patient's Legal Name		Birth Date	Medicaid	d#
By signing this form, I am allowing S				
fax, electronic data exchange or ma	ail concerning the above nam	ned patient with the f	ollowing individual or	r agency:
Primary Care Doctor:				
Name of Person and/or Institution				
Address		Zip Phone)()
Address City Check the information to be disclosed	•	Zip Phone	e# Fa	x #
Psychiatric Evaluation	Laborator	v Results	✓_ Medical Re	cords
Med/Progress Notes	Billing Info		Annual Rev	
Psychological Testing/Assessme	nts <u>√</u> Appointm	ent Dates/Info	✓ _ Initial Asses	
Educational/Vocational Records		Summary	✓_ Progress Su	-
✓ Service Plan/ICP/Treatment Plar Other: Please Specify	n <u>√</u> Social His	tory	√ All of the al	oove
Please indicate the reason for release		lanumanan	Tuon of our in a	Cono
✓ Continuity of CareRehab Other: (Please Specify)		Insurance	Transferring	
This outhorization is valuation. If I sho	asa ta cancal this cancant at a	lator data I must cond	urittan natification to:	Madical Pacardo
This authorization is voluntary, If I cho				
Seasons Center, 201 E 11 th St., Spence prior to the cancellation, and that action				
of this information may possibly re-rele				
no longer be protected by federal priva				
contacting Medical Records at the abo		act may review the dis	ciosca informacion or a	sk questions by
_				
Confidentiality of the information is pr is prohibited without specific consent i				
SPECIFIC AUTHORIZATION FOR RELEA	SE OF INFORMATION PROTECT	ED BY STATE OR FEDER	RALLAW	
I understand that the information to b				cally deny the
release (<u>initial</u> any category <u>not</u> to be	released).			
Substance Abuse	Mental Health	HIV-related info	ormationGe	netic tests/info
This agreement will expire one year fro	om the date of signature, or on	date specified:		
Patient Signature	 Date			
ratient Signature	Date			
Legal Guardian Signature	Date	Rel	ationship	nest to the second
 Witness Signature	 Date			
Only clients 18 years of age or older, or Only clients, regardless of age, can au			al health information.	٠
Office Use Only:				
Please send records:	Date records/request wa	s sent and by whom:		
Please request records:	Description of records se			



CONSENT TO RELEASE OF INFORMATION Northwest

lowa Mental Health Center (Seasons Center) 201 E 11th St, Spencer, IA 51301

Phone: (800) 242-5101

Patient's Legal Name			Birt	h Date	Medicaid #
By signing this form, I am allowing fax, electronic data exchange or n					
Pharmacy:					
Name of Person and/or Institution					
				()	
Address C	ity .	State	Zip	(<i>)</i> Phone #	() Fax #
Check the information to be disclose	•	o ca ca	2.15	1110110 11	·
Psychiatric Evaluation	-		ry Results		Medical Records
Med/Progress Notes		Billing Inf		_	Annual Review
Psychological Testing/Assessm	_		nent Dates/In	ito _	Initial Assessments
Educational/Vocational Record Service Plan/ICP/Treatment Plan	_	Discharge Social His	e Summary	-	Progress Summary All of the above
✓ Other: Please Specify Rx Infora	_	3001811113	y		An or the above
Please indicate the reason for releas			la a c		To a a familia a Cana
✓ Continuity of Care Rehammer. Please Specify)			Insu	rance _	Transferring Care
Other (Fredse Speedily)					
prior to the cancellation, and that act of this information may possibly re-re no longer be protected by federal pri contacting Medical Records at the ab Confidentiality of the information is probability of the information is probability of the information.	elease the inform wacy regulations. pove address. protected by Fede	ation without p I understand th eral Law (42-CFI	roper author nat I may revi R-Part 2) and	ization, and 2) or ew the disclosed the code of lowa	nce information is disclosed it may I information or ask questions by a Chapter 228. Further disclosure
is prohibited without specific consen	t from whom it p	ertains. Genera	l authorizatio	n is not sufficien	t for this purpose.
SPECIFIC AUTHORIZATION FOR RELE I understand that the information to release (initial any category not to be	be released may				
Substance Abuse	Mental Heal	th	HIV-r	related informati	onGenetic tests/info
This agreement will expire one year f	rom the date of s	signature, or on	date specifie	ed:	
Patient Signature	. I	Date			
Legal Guardian Signature		Date		Relations	hip
Witness Signature		Date			
Only clients 18 years of age or older. Only clients, regardless of age, can a					lth information.
Office Use Only:					
Please send records:				y whom:	
Please request records:	Description	on of records se	ent:		



CONSENT TO RELEASE OF INFORMATION Northwest

Iowa Mental Health Center (Seasons Center) 201 E 11th St, Spencer, IA 51301

Phone: (800) 242-5101

Patient's Legal Name			Birt	h Date	Medicaid #	
By signing this form, I am allowi	ng Seasons Cente	r to <u>√</u> release	e or <u>√</u> obtai	in written and o	ral information by telepho	one,
fax, electronic data exchange or	mail concerning t	the above nan	ned patient	with the followi	ng individual or agency:	
Name of Person and/or Institution						
				()	· ()	
Address	City	State	Zip	Phone #	Fax #	
Check the information to be disclo	sed:				•	
Psychiatric Evaluation	_	Laborato		_	Medical Records	
Med/Progress Notes		Billing Inf		_	Annual Review	
Psychological Testing/Assess			nent Dates/In	ito	Initial Assessments	
Educational/Vocational Reco			e Summary	_	Progress Summary	
Service Plan/ICP/Treatment Other: Please Specify	Pian _	Social His	tory	_	All of the above	
Please indicate the reason for rele	ase:					
Continuity of CareRe		Legal	lnsu	rance	Transferring Care	
Other: (Please Specify)				***************************************		
This authorization is voluntary. If I	choose to cancel th	is consent at a	later date Li	must send writter	notification to: Medical Re	cord
Seasons Center, 201 E 11 th St., Spe						
prior to the cancellation, and that a						
				•	- · · · · · · · · · · · · · · · · · · ·	
of this information may possibly re						
no longer be protected by federal p		i understand tr	iat i may revi	ew the disclosed	mormation or ask question:	s by
contacting Medical Records at the	above address.					
Confidentiality of the information is	s protected by Fede	ral Law (42-CFI	R-Part 2) and	the code of Iowa	Chapter 228, Further disclos	sure
is prohibited without specific conse						
SPECIFIC AUTHORIZATION FOR REI	FASE OF INFORMA	TION PROTECT	FD RV STΔTF	OR FEDERALIAN	N	
I understand that the information t					 -	he
release (initial any category not to		morade imorrine	ation in the re	mowing categorie	s amess i specifically delly d	10
Substance Abuse	Mental Healt	th	HIV∠r	related informatio	nGenetic tests/i	info
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This agreement will expire one year	r from the date of s	ignature, or on	date specifie	:d:		
 Patient Signature		Date				
Legal Guardian Signature	[Date		Relationsh	ip	
Witness Signature		Date			•	
Only clients 18 years of age or olde Only clients, regardless of age, can					th information.	
	The state of the s					
Office Use Only:						
Please send records:						
Please request records:	Descriptio	on of records se	ent:			

MEDICARE SECONDARY PAYER QUESTIONNAIRE

	: <u></u>	
oate:		
lease circle appro	ppriate answer. Who	en finished, please give to receptionist. Thank you.
. Do you or your	spouse work for a co	ompany that provides you with health insurance?
	Yes	No
If answer is y	es, does that compo	any employ 99 or more employees?
	Yes ·	No .
. Are you entitle	d to Medicare beca	use of disability of End Stage Renal Disease?
	Yes	No
B. Is this illness o	or injury the result o	of an automobile accident or other injury?
	Yes	No
l, Is this illness o	or injury the result (of an accident or illness that occurred at work?
	Yes	No
5. Has treatment	for this accident or	r illness been authorized by the Veterans Administration
	Yes	No
5. Are you entitle	d to any benefits ur	nder the federal Black Lung Program?
	Yes	No
		·
Signature:		
<u> </u>		
NAME:	·	
D.O.B.:		
MEDICAID #: _		SPI Approved 1-18-06

3.2.4.6 A description of current access time frames as referenced in Section 1.3.1.2.1 of the RFP.

1.3.1.2.1 The Contractor shall submit to the Agency current access timeframe data regarding Emergency, Urgent, and Routine needs as defined in section 2.b.1 of the Clinic Criteria on a quarterly basis during the Demonstration period. The first data submission is due on the 20th of the month following the first 3 months of operation of the CCBHC and every 3 months afterward.

As required, Seasons will submit current access timeframe data regarding Emergency, Urgent, and Routine needs as defined in section 2.b.1 of the Clinic Criteria on a quarterly basis during the Demonstration period. The first data submission is due on the 20th of the month following the first 3-months of operation of the CCBHC and every 3 months afterward.

The Vice-President of Patient Services/Project Director will be responsible for this on an ongoing basis. The previously presented implementation timeline includes this as a required activity and this is a specific duty included within the VP of Patient Services Job Description

3.2.4.7 A copy of its sliding fee scale and disaster plan.

As required a copy of Seasons' current sliding fee scale and agency disaster plan are provided on the following pages.

The remainder of this page is intentionally left blank to insert the requested documents.

2015 Maximum Annual Income Amounts Subject to Slide

55%	22,363	30,267	38,171	46,075	53,979	61,883	69,787	77,691	7,904
	⊹	\$	ئ	٠.	ᡐ	\$	↔	\$	\$
9609	21,186	28,674	36,162	43,650	51,138	58,626	66,114	73,602	7,488
	\$	↔	٠Ş	❖	ş	↔	❖	- ۲۰,	ᡐ
65%	20,009	27,081	34,153	41,225	48,297	55,369	62,441	69,513	7,072
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0.02	18,832	25,488	32,144	38,800	45,456	52,112	58,768	65,424	6,656
	Ŷ	↔	↔	❖	❖	❖	Ş	Ş	↔
75%	17,655	23,895	30,135	36,375	42,615	48,855	55,095	61,335	6,240
	↔	ς,	↔	᠊ᡐ	ᡐ	❖	↔	ᡐ	Ş
A 80%	\$ 16,478	\$ 22,302	\$ 28,126	\$ 33,950	\$ 39,774	\$ 45,598	\$ 51,422	\$ 57,246	\$ 5,824
1 + 1 + 35%	\$ 15,301	\$ 20,709	\$ 26,117	\$ 31,525	\$ 36,933	\$ 42,341	\$ 47,749	\$ 53,157	\$ 5,408
7,06	₩.	\$ 19,116	\$ 24,108	\$ 29,100	\$ 34,092	\$ 39,084	\$ 44,076	\$ 49,068	\$ 4,992
**************************************	\$ 11,770 \$ 12,947	\$ 17,523	\$ 22,099	\$ 26,675	\$ 31,251	\$ 35,827	\$ 40,403	\$ 44,979	\$ 4,576
1009%	\$ 11,770	\$ 15,930	\$ 20,090	\$ 24,250	\$ 28,410	\$ 32,570	\$ 36,730	\$ 40,890	\$ 4,160
Family Size	1	2	m	4	5	9	7	80	Each Add'l person add

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	\$ 25,894	\$ 25,894	S	\$ 27,071	\$ 28,248	↔	29,425	ئ	30,602	Ŷ	31,779	ᡐ	32,956	ζ.	34
\$ 31,860 \$ 33,453 \$ 35,046	\$ 33,453 \$ 35	\$ 35,046		\$ 36,639	\$ 38,232	❖	39,825	❖	41,418	٠Ş-	43,011	ᡐ	44,604	ς,	46,1
\$ 40,180 \$ 42,189 \$ 44,198	\$ 42,189 \$ 44	\$ 44,198		\$ 46,207	\$ 48,216	ş	50,225	\$	52,234	ۍ	54,243	₹	56,252	❖	58,26
\$ 48,500 \$ 50,925 \$ 53,350	\$ 50,925 \$ 53	\$ 53,350		\$ 55,775	\$ 58,200	\$	60,625	❖	63,050	ς>	65,475	₹	67,900	↔	70,325
\$ 59,661 \$ 62	\$ 59,661 \$ 62	\$ 62,502		\$ 65,343	\$ 68,184	ς,	71,025	\$	73,866	₹	76,707	ئ	79,548	⊹	82,389
\$ 65,140 \$ 68,397 \$ 71,654	\$ 68,397 \$ 71	\$ 71,654		\$ 74,911	\$ 78,168	ş	81,425	₹	84,682	-C≻	87,939	\$	91,196	\$	94,453
\$ 73,460 \$ 77,133 \$ 80,806 \$	\$ 77,133 \$ 80	\$ 908'08 \$	W	84,479	\$ 88,152	ş	91,825	↔	95,498	-⟨γ-	99,171	\$ 1	.02,844	\$	106,517
\$ 81,780 \$ 85,869 \$ 89,958 \$	\$ 85,869 \$ 89	\$ 856'68 \$	ΥΥ	94,047	\$ 98,136	\$ 1	.02,225	\$	106,314	\$ 1	10,403	\$ 1	114,492	❖	118,581
\$ 9,152	\$ 8,736 \$ 9,152		↔	\$ 9,568	\$ 9,984	÷Ş-	10,400	\$	10,816	₹	11,232	Υ.	11,648	❖	12,064

Seasons Center for Community Mental Health Policy and Procedure Manual

Chapter: 9

Policy No.: 9.030

Effective Date: 02/16/06 Revision Date: 04/08/09

Policy: SAFETY PLAN

Scope of Policy: All Employees

Responsibility for Compliance: Maintenance/Plant Manager, Support Services Supervisor,

Administrative Staff, and Executive Director

Purpose: To define Seasons' safety plan for employees to follow in emergency situations.

<u>Policy</u>: Seasons has established a safety plan to ensure the safety of Seasons' employees and all building visitors. All employees shall be familiar with and follow the plan to ensure safety.

Procedure:

- 1. Situations that pose a potential risk are addressed in the safety plan. See following pages for each situation listed below:
 - A. Fire Safety
 - B. Bomb Threat
 - C. Violent Behavior
 - D. Medical Emergency
 - E. Power Failure
 - F. Severe Weather
 - G. Evacuation
- 2. All employees are oriented to the safety plan during initial orientation and regularly to maintain awareness by the Support Services Supervisor.
- 3. As part of the Performance Improvement System, the effectiveness of the safety plan is reviewed and the plan is modified as needed.

FIRE SAFETY

When fire or smoke is discovered:

- 1. Evacuate everyone from the immediate area.
- 2. Close all doors.
- 3. Verbally report the location of the fire to the receptionist/available employee.
- 4. The receptionist, or any available employee, shall call 911, if needed. Notify the emergency operator that a fire emergency exists and provide their name, Seasons name, address, and the phone number.
- 5. If the fire is contained, and there is no danger, only employees trained in proper use of fire extinguisher shall use the fire extinguisher.
- 6. If fire is spreading, emitting fumes, or there is excessive smoke:
 - In Spencer building, PULL the emergency fire ALARM nearest you
 - In all other buildings, give a verbal alert
 - EVACUATE THE BUILDING.

EMERGENCY FIRE EVACUATION

When an alarm sounds or verbal alert is given:

- 1. Evacuate the building immediately. DO NOT USE ELEVATOR.
- 2. Follow the building evacuation diagram and use the nearest available door or marked exit.
- 3. Proceed directly to the designated area for the building (see attached list).
- 4. All employees are responsible to evacuate their clients and other building visitors.
- 5. Only designated employees shall remain in the workplace to shut down or monitor critical operations before they evacuate.
- 6. Any staff member or visitor requiring medical treatment shall be accompanied by a supervisor, administrative staff or available appropriate staff to seek appropriate medical attention (nearest doctor office or hospital ER as appropriate or as needed 911 shall be called for emergency medical services).
- 7. Remain in the designated area until the designated staff have done roll call and given verbal "All Clear" to either re-enter the building, move to a safe location, (see list for designated safe locations) or leave the area.

MEDICAL EMERGENCY

When an individual is determined to be having a Medical Emergency

STAY CALM Assess the situation If life threatening, call 911

Medical Emergency

- 1. Report all personal injuries immediately to your supervisor, or in their absence, the HR Specialist, Financial Director, Executive Director, or Support Services Supervisor. Ask for assistance/assessment from medical staff if present in office (as needed).
- 2. All persons injured but ambulatory will be accompanied to the nearest Emergency Room.
- 3. In the event of a serious injury, cardiac arrest, etc. call 911 and request an ambulance and professional assistance. DO NOT render First Aid or attempt to move the injured unless you are trained. Keep the injured person still in a lying/reclining position until professional assistance arrives.
- 4. All accidents and injuries, no matter how small, are to be reported immediately.
- 5. All accidents are to be recorded on an Incident Report Form (see policy 5.050) and in the Medical Record (if injury to individual served is involved), and workers comp form (if staff injury is involved).

BOMB THREAT

Bomb threat received by phone:

- 1. Get as much information as possible from caller.
- 2. Keep the caller on the phone.
- 3. Alert another person to call 911.
- 4. Complete "Bomb Threat Checklist" (see next page)

Bomb threat received by letter/note:

Do NOT handle letter/note any more than necessary.

Discovery of a suspicious object:

Do NOT touch the object. Do NOT move the object.

Action to take in ALL Bomb threat situations:

- 1. Remain calm. Do not alarm clients, visitors, or staff. Only discuss details of the treat on a need-to-know basis.
- 2. Contact the Executive Director, Financial Director, or Administrative Staff at the Spencer office: 712-262-2922 or 800-242-5101.
- 3. The responding administrator will advise staff about contacting the Police to assess the danger and need to evacuate. Building is to be evacuated as determined by the responding administrator or on the best judgment of the involved staff. Staff shall follow the directives of involved Police/Fire Department Personnel.

ONLY THE POLICE, FIRE DEPARTMENT, AND/OR THE EXECUTIVE DIRECTOR (OR DESIGNEE) MAY ACTIVATE THE "ALL CLEAR". THEN AND ONLY THEN, MAY ANYONE RE-ENTER THE BUILDING.

Bomb Threat Checklist

If you receive a bomb threat on the telephone, keep as calm as you can, use this sheet to help identify the bomber and minimize danger. Follow Bomb Threat Procedure (see previous page).

Complete the fol	lowing;						
Date	Time	Your Na	ime				
Listen for any b	ackground nois	e:					
Music People talkin Cars or truck Children or Machine non Typing Other	ks 🗆 babies 🗀	d De	scription of b	oackground n	oise		
How much		 	on received f		What	does	the
Judge voice:	Man 🗖	Woman 🗖	Child 🗖	Age:			
Intoxicated:	Yes 🗖	No 🗆					
Emotional State		oherent					
Bomb Threat Me	essage:						
						•	

POWER FAILURE

In case of complete power failure

STAY CALM

- 1. Report power failure to the Spencer office (Executive Director or designated Administrative Staff) to consult about need to evacuate the building (i.e. building with no windows/natural lighting).
- 2. **ONLY** the involved Administrative Staff can determine whether to shut down the office and/or when to return to the building.
- 3. A working flashlight will be available in all offices in the Mental Health Secretary's work area and all staff will be familiar with the location of the flashlight.

SEVERE WEATHER

Who watches the weather?

The Receptionist, Support Services Supervisor, or other designated staff member monitors the weather with a radio and/or the Internet Climatology sources:

- www.keloland.com
- www.kmeg14.com
- www.wunderground.com
- www.kicdam.com
- www.crh.noaa.gov

When do you take cover?

When notified by the receptionist or designated staff that the local severe weather alarm/siren has sounded, and a Tornado warning has been issued.

What do you do?

Close <u>all</u> blinds and doors.

Where do you go?

Go to the designated shelter area (posted on evacuation routes and listed in this policy). The designated shelter area will provide satisfactory protection from this type of weather condition. The Receptionist or designated staff should take a radio and a flashlight to the designated shelter area.

REMAIN IN THE SHELTER AREA UNTIL NOTIFIED BY RADIO UPDATES THAT THE WEATHER WARNING HAS ENDED AND IT IS CLEAR TO RETURN TO YOUR WORK AREAS.

VIOLENT BEHAVIOR

Seasons Center serves many people with varying degrees of emotional disturbance; therefore, the potential always exits for bizarre, nuisance, threatening, or injurious behavior to occur. Each situation requires some evaluation by staff members in order to know what procedures should be implemented in response to the incident.

The following procedures are guidelines.

Two important points, regardless of procedure, should be kept in mind:

- 1. Prevention can be the key to controlling potentially unfortunate incidents.
- 2. It is better to think of the safety of all parties first in a situation that poses possible injury or destruction of property. All staff are to avoid placing themselves and others in danger or harm. Law enforcement officers are to be relied upon to assure public safety.

If you encounter a hostile/potentially violent/physically threatening individual while working in or outside of Seasons' offices:

- 1. Remain calm and attempt to de-escalate the situation.
- 2. If possible, remove yourself and others from danger.
- 3. If needed, call for help (vocally or by phone).
- 4. Notify the receptionist or other staff to summon the police. Call "911".
- 5. If possible, get the person out of the building and lock all entrances.
- 6. If the individual is in possession of a dangerous weapon (or threatens they are), make every attempt to remove yourself and others from danger as quickly as possible.

The following is the procedure to request assistance without alarming the aggressor:

- 1. Contact the main receptionist area.
- 2. Identify who you are and where you are.
- 3. Ask the answering individual to have your next client "STAND BY" if you need additional staff support to your office immediately.
 - A. This request will signal that help is needed NOW.
 - B. Available staff will go to the area of the office and initiate contact to check on the situation (i.e. knock, open door, state "I'm sorry to interrupt but wanted to check if anything is needed here.")
- 4. Ask the answering individual to bring "THE RED FILE" to your office if you need additional staff support and the police contacted immediately.
 - A. The request will signal that staff is needed immediately to the office.
 - B. Immediately call 911 and state who/where you are and "We have an emergency/potentially violent situation and need help immediately".
- 5. Document any of the above activities in the consumer record and on an Incident Report form (and Workers Comp form if staff injury is involved) (see policy 5.050).
- 6. Notify supervisor, Executive Director or Administrative staff of any of the above situations.

In the event you encounter a hostile or dangerous individual in the community or in their home:

- 1. Leave the situation immediately.
- 2. Make any necessary referrals to other appropriate agencies.
- 3. Initiate contact with the individual at a later date.
- 4. If the individual prevents you from leaving the area, contact the local emergency response system immediately.

In the event you are contacted by law enforcement or medical providers in regard to a hostile or dangerous situation, which involves an individual asking to talk to you, contact shall be made only with law enforcement or medical providers accessible, and only in the event that contact does not place you in any danger/threat of harm. Face-to-face contact in such a situation should only be made with law-enforcement present.

Transportation

- 1. Seasons' staff shall not normally provide transportation for individuals. Staff shall make reasonable efforts to arrange for transportation when needed. In the event that, due to lack of alternatives, transportation is provided by staff, the following shall apply:
 - A. Staff shall hold a valid driver's license, and be insurable.
 - B. A third party shall be included on the trip if any reason exists which causes the staff to believe the individual might be a danger or there is any concern the individual might make a false claim of misconduct on the part of the staff.
 - C. Seasons shall confirm that employees transporting individuals have personal auto insurance coverage in an amount, which, at minimum, meets the state standard. Seasons' insurance will be second payer after the staff's personal auto insurance.
 - D. Seasons shall maintain professional liability insurance, which shall cover all Seasons personnel.

Should any dangerous situation arise which is not covered above, or in any of the situations specifically addressed, handle the situation with the safety of the individual and yourself primary in those judgments. At all times, law enforcement personnel or medical professionals shall be contacted as soon as possible to provide needed services.

EVACUATION

In the event of an emergency necessitating evacuation, staff will be notified by Supervisors and/or Administrative Staff.

- 1. ALL STAFF are to evacuate the building IMMEDIATELY when notified and are responsible for ensuring the safe evacuation of all clients/visitors.
- 2. Staff members shall evacuate the building by means of the **nearest** available door or marked exit.
- 3. After evacuation, staff members are to gather in the designated area for their building (see attached list).
- 4. Only designated employees may remain in the workplace to shut down or monitor critical operations before they evacuate.
- 5. Any staff member/individual/visitor requiring medical treatment will be accompanied by an appropriate, available staff to the closest Hospital Emergency Unit or Physician's office or, as needed, 911 shall be called for an ambulance or emergency medical services.
- 6. All staff/individuals/visitors are to remain in the designated area until the designated staff have done roll call and given verbal "All Clear" to either re-enter the building, move to the designated safe location (see attached list) or leave the area.

3.2.4.8 A list of proposed and current care coordination agreements as referenced in Section 1.3.1.3.3 of the RFP.

Seasons currently has a care coordination agreement with Spencer Hospital and Lakes Partnership School. As a CCBHC, Seasons proposed to get care coordination agreements from: Avera for Spencer, Spirit Lake, Estherville, and Sibley; Child Health Specialty Clinics; Sanford Health Homes; Sioux County Public Health; and the Veterans Administration.

3.2.4.9 A list of proposed or contracted DCOs as referenced in Section 1.3.1.4 of the RFP.

Seasons does not intend to contract with any other agencies as Designated Collaborating Organizations (DCO) to provide the nine required behavioral health services, as required by the Scope of Work and defined within the Clinic Criteria of the RFP.

3.2.4.10 A list of Managed Care Organizations it is contracted with.

Amerigroup Iowa, Inc. 4800 Westown Parkway West Des Moines, IA 50266

Amerihealth Caritas Iowa, Inc.

P.O. Box 1516 Des Moines, IA 50305

<u>United Health Care Plan of the River Valley, Inc.</u> 1089 Jordan Creek Parkway, Suite 320 West Des Moines, IA 50266

3.2.4.11 A copy of its proposed standardized and validated screening tool as referenced in section 1.3.1.5.2 of the RFP.

Proposed screening tools are provided.

The remainder of this page is intentionally left blank to insert the requested documents.

On Saturday, June 18, 2016, the PAR Web site will be undergoing maintenance. It will be unavailable from 8 a.m. to 3 p.m. ET. We apologize for the inconvenience.

Company Training & Resources Assessment Consultants Support Contact

Register | Manin

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Product search

Fax: 1.800.727.9329 Customer Support: 1.800.331.8378

Q

Related Products

Achievement/Development

Categories

Behavior/Health

Career Development

Equipment/Reference

Foreign Language

Forensic

Intelligence/Cognitive

Neuropsychology

Mobile Apps

Personality/Mood

Speech/Language

Browse Products A-Z

MAICOURCE

sequelae of traumatic events in children ages 3-In less than 20 minutes, the TSCYC evaluates symptomatology and other psychological acute and chronic posttraumatic

12 years.

Administration and scoring vailable on



Trauma Symptom Checklist for Young Children™ (TSCYC™)

John Briere, PhD

Children Professional Manual

THE PERSON AND ADDRESS OF THE PERSON AND ADD

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Mecklist

Symptom

Paima

Evaluate acute and chronic posttraumatic symptomatology in young children Purpose:

3 to 12 years Individual Age range: Admin: 15-20 minutes Admin time:

20 minutes Scoring time:

ME

Qualification level:

Click here for pricing.

Spare

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The National Child Traumatic Stress Network

Resources

Trauma Types

Home

Teathens That Work About Us

Products

Login / Register

Translation Quality | Population Information | Pros & Cons/References

Psychometrics

Search Like <12K

Trauma Symptom Checklist for Young Children

Submitted by mholliday on Thu, 10/18/2012 - 12:23

Training Parallel/Alternate Forms Overview

Acronym:

Briere, John, Ph.D. Author(s):

Citation:

Briere, J (2005). Trauma Symptom Checklist for Young Children (TSCYC): Professional Manual. Psychological Assessment Resources, Inc. Odessa, FL.

Obtain(Email/Website):

custsup@parinc.com / www.parinc.com

Cost Involved

Copyrighted:

Measure Description:

scales and eight clinical scales. The scales allow a detailed evaluation of posttraumatic stress symptoms and a tentative PTSD diagnosis. It also provides information The TSCYC is a 90-item caretaker-report instrument developed for the assessment of trauma-related symptoms in children ages 3-12. It contains two reporter validity on other symptoms such as anxiety, depression, anger, and abnormal sexual behavior.

Domain(s) Assessed:

Traumatic Stress

Anxiety/Mood (Internalizing Symptoms)

Language(s):

Spanish English

Swedish

Age Range:

In-depth Assessment Measure Type:

of Items:

Measure Format: Questionnaire

Average Time to Complete (min):

Reporter Type:

Parent/Caregiver

Average Time to Score (min):

Periodicity:

Response Format: Unknown

4-point scale (1=Not at All, 2=Sometimes, 3=Often, 4=Very Often)

Information Provided:

Areas of Concern/Risks Clinician Friendly Output

Continuous Assessment Diagnostic Info DSM IV Dichotomous Assessment Graphs (e.g. of elevated scale) Percentiles

Raw Scores Standard Scores For Specific Populations: Complex Trauma

Average:

Login or register to post comments

Printer-friendly version

Disclaimer | Sitemap | Privacy

Intranet

Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

	r adult in the household often insult you, put you down, or humiliate you?	
Act in a way th	or nat made you afraid that you might be physically Yes No	hurt? If yes enter 1
	p, or throw something at you?	
Ever hit you se	or o hard that you had marks or were injured? Yes No	If yes enter 1
	on at least 5 years older than you ever le you or have you touch their body in a sexual v	way?
Try to or actua	ally have oral, anal, or vaginal sex with you? Yes No	If yes enter 1
4. Did you often feel the No one in your	hat r family loved you or thought you were importat or	nt or special?
Your family di	idn't look out for each other, feel close to each of Yes No	other, or support each other? If yes enter 1
5. Did you often feel the You didn't have	ve enough to eat, had to wear dirty clothes, and l	nad no one to protect you?
Your parents v	or were too drunk or high to take care of you or take Yes No	e you to the doctor if you needed it? If yes enter 1
6. Were your parents e	ver separated or divorced? Yes No	If yes enter 1
7. Was your mother or Often pushed,	stepmother: grabbed, slapped, or had something thrown at h or	er?
Sometimes or	often kicked, bitten, hit with a fist, or hit with sor	something hard?
Ever repeated	ly hit over at least a few minutes or threatened w Yes No	vith a gun or knife? If yes enter 1
8. Did you live with an	nyone who was a problem drinker or alcoholic of Yes No	r who used street drugs? If yes enter 1
9. Was a household me	ember depressed or mentally ill or did a househo Yes No	old member attempt suicide? If yes enter 1
10. Did a household m	ember go to prison? Yes No	If yes enter 1

Now add up your "Yes" answers: _____ This is your ACE Score

On Saturday, June 18, 2016, the PAR Web site will be undergoing maintenance. It will be unavailable from 8 a.m. to 3 p.m. ET. We apologize for the inconvenience.

Support Contact Company Training & Resources Assessment Consultants

0

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Related Products

Behavior Rating Inventory of Executive Function® (BRIEF®)

Gerard A. Gioia, PhD, Peter K. Isquith, PhD, Steven C. Guy, PhD, and Lauren Kenworthy, PhD

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Foreign Language

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KK TEE

Part Maria

Constitution MC Note to brothe And Street Charles

Intelligence/Cognitive

D. II

Purpose: Assess impairment of executive function

5 to 18 years Age range:

Individual Admin: 10-15 minutes to administer; 15-20 minutes to Admin time:

score

Scoring time:

20 minutes

Qualification level:

Administration, scoring, and interpretation available on

MRICONDECT

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Assists with educational planning for children with disorders of executive function. Click here for pricing.

The BRIEF-2 is now available!

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3.2.4.12 The Contractor's planned <u>approach</u> to provide CCBHC <u>Substance Use Disorder Case</u> Management as referenced in section 1.3.1.5.7.1 of the RFP.

Seasons intends to structure the Substance Use Case Management similar to the current IHH service program model for team members (Nursing, Care Coordinator, and peer/family support). The proposed model activities will at a minimum include the required activities as defined within the CCBHC Care Coordination Chart, provided with the Bidder's Library.

Seasons Substance Use Disorder Case Management Teams will consist: the SUD Nurse Care Manager, a SUD Case Manager, and a SUD Recovery Peer Support staff member. The teams will follow the criteria as outlined within the SUD Case Management document from the bidder's library.

The required activities will be:

Monthly:

Have monthly contact with client either in person, by telephone or by video conferencing;

Quarterly or Every 90 days:

- At a minimum meet with the client face-to-face every 90 days;
- Receive quarterly updates from service providers on goal progress and barriers;

Annually:

- Annually complete a standardized assessment that drives the service plan;
- Develop a person-centered service plan annually with the client and their team and update as necessary;

On-Going:

- Monitor and coordinate all services; and
- Make referrals as needed and coordinate and follow-up on all appointments.
- 3.2.4.13 A list of current MAT medications available and a list of proposed MAT medications that will be available through the Clinic as referenced in Section 1.3.1.6.4 of the RFP. The Contractor shall identify which medications will be offered directly, through DCO, or through referral.

Seasons is currently not a MAT provider. When certified as a MAT provider, Season intends to provide the following MAT medications: Buprenorphine, Methadone, and Naltrexone.

Seasons will offer MAT medications directly and not though DCOs or through referrals.

3.2.4.14 Documentation of its <u>ability to meet cost reporting requirements</u> as referenced in Section 1.3.1.10 of the RFP.

Seasons' ability to meet cost reporting requirement is demonstrated through the following: (1) Copies of resumes of Kim Scorza, President/CEO and Dan Ries, Vice-President of Finance; (2) Copies of most audits for the past three years; (3) Copies of cost reports completed for other grants/contract (available upon request); and (4) Reference from Auditing Firm Eide Bailly (Contact Person: Karen Jess).

3.2.4.15 Letters of support from behavioral health stakeholders and other private and public agencies in the proposed catchment area.

Letters of support from 20 agencies representing behavioral health stakeholders and other private and public health agencies within our nine-county geographic services area are presented on the following pages.

Public Health:

- Clay County
- Lyon County
- O'Brien County
- Palo Alto County
- Sioux County

Law and Justice:

- O'Brien County Attorney's Office
- Sheldon Police Department
- Sheldon Residential Treatment Facility
- Sioux County Sheriff Department

Healthcare and Education:

- Buena Vista Regional Medical Center
- Dordt College
- Palo Alto County Health System
- Sioux Center Middle School
- Dr. Michele Devlin and Dr. Mark Grey

Community Services:

- ATLAS of Sioux Center
- ATLAS of Spencer
- Boystown
- Family Crisis Centers
- Mid Sioux Opportunity, Inc.
- Upper Des Moines Opportunity, Inc.

The remainder of the page is intentionally left black to insert the letters of support. Letters are presented in the order they are listed above.



1200 First Avenue East Spencer, Iowa 51301 (712) 264-8300 SpencerHospital.org

June 8, 2016

Kim Scorza, MSW; LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

Clay County Public Health supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest lowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within our healthcare system suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest lowa to these individuals. On behalf of Clay County Public Health, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital our children, adults, and families have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). We will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted,

Colette Rossiter BSN, RN Clay County Public Health

Spencer Hospital

HEALTH SERVICES OF LYON COUNTY 315 First Avenue Suite 208 Rock Rapids IA 51246 (712) 472-8200

May 31, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

Lyon County Public Health supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within our healthcare system suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest Iowa to these individuals. On behalf of Lyon County Public Health, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital our children, adults, and families have access to the programs and services you offer that are recoveryoriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). We will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted,

Melissa M. Stillson, RN Melissa Stillson Lyon County Public Health Department



The mission of Health Services of Lyon County is to promote the public health and well-being of all residents. This is accomplished through a united commitment to assess the individual and community needs and provide intervention, education and prevention services.

O'BRIEN COUNTY PUBLIC HEALTH 155 S HAYES PO BOX 525 PRIMGHAR, IA 51245-0525

PHONE: 712-957-0105 FAX: 712-957-0115

June 2, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

O'Brien County Public Health supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within our healthcare system suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest Iowa to these individuals. On behalf of O'Brien County Public Health, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital our children, adults, and families have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). We will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted,

MAN TANMARAN BSN RN

Lisa Youngers BSN RN

O'Brien County Public Health Nurse Administrator



PALO ALTO COUNTY HEALTH SYSTEM

A Partner With Mercy Health Network - North Town

Palo Alto County Hospital 3201 1st Street Emmetsburg, IA 50536 Phone: 712-852-5500 Fax: 712-852-5508

Family Practice Clinic -Emmetsburg 3201 1st Street Emmetsburg, IA 50536 Phone: 712-852-5555 or 1-800-293-2434 Fax: 712-852-5560

Family Practice Clinic -Graettinger, 109 West Robins Ave. Fraettinger, IA 51342 Phone: 712-859-3131 1-800-685-2431 Fax: 712-859-3133

Family Practice Clinic -West Bend 107 West Division Street West Bend, IA 50597 Phone: 515-887-7881 or 1-888-684-1455 Fax: 515-887-7893

Community Health Services 3201 1st Street Emmetsburg, IA 50536 Phone: 712-852-5419 Fax: 712-852-5513

PARC Hall 3201 1st Street Emmetsburg, IA 50536 Phone: 712-852-5520 Fax: 712-852-5460

Willow Ridge 3203 1st Street Emmetsburg, IA 50536 Phone; 712-852-5480 Fax: 712-852-5508 June 1, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

Palo Alto County Health System supports Seasons Center in making an application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within healthcare system suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest Iowa to these individuals. On behalf of Palo Alto County Health System, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital our residents have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). We will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted,

Desiree Einsweiler, CEO

Palo Alto County Health System



May 31, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

Community Health Partners, the public health provider in Sioux County, supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services available to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Seasons provides high quality, evidence-based, and trauma-informed care in rural northwest Iowa to many children, youth, and their families within the healthcare system who suffer from mental health and substance abuse issues. Children, adults, and families in Sioux County and northwest Iowa need access to programs and services that are recovery-oriented, wellness-focused, trauma informed, and that promote the integration of physical and behavioral health.

On behalf of Community Health Partners, I support Seasons' application. We intend to partner with you through mutual referrals and participation with workgroups for joint projects to increase access to mental health and substance abuse services for children and families in our Sioux County communities and the northwest region of the state.

Therefore, I recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC).

Respectfully submitted

Kim Westerholm, RN, BSN, MA

Director of Children and Family Services

Community Health Partners of Sioux County

O'Brien County Attorney's Office

Micah J. Schreurs O'Brien County Attorney 934 Third Avenue, Suite 200 P.O. Box 309 Sheldon, IA 51201-0309 (712) 324-4385 (712) 587-8936 (Fax) mschreurs@obriencounty.org



Lori J. Kolpin
Assistant O'Brien County Attorney
517 Main Street
P.O. Box 563
Aurelia, IA 51005
(712) 229-5480 / (712) 434-2241
(712) 434-2582 (Fax)
lorijkolpinlaw@newulmtel.net

June 1, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

The O'Brien County Attorney's Office supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to individuals and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the individuals within the justice system suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest lowa to these individuals. On behalf of the O'Brien County Attorney's Office, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). We will continue to partner and refer to services offered by Seasons to support the behavioral health needs of our communities.

Respectfully submitted,

Micah J. Schreurs

O'Brien County Attorney

SHELDON POLICE DEPARTMENT 416 9TH STREET, P.O. BOX 276 SHELDON, IOWA 51201

Telephone 712 324-2525 FAX 712 324-2528

May 31, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

The Sheldon Police Department supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide residents from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within justice system suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest Iowa to these individuals. On behalf of our department, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital the residents of our community and surrounding communities and counties have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). We will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted,

Chief Lyle Bolkema

Sheldon Police Department

THIRD JUDICIAL DISTRICT



DEPARTMENT OF CORRECTIONAL SERVICES

June 6, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

Sheldon Residential Treatment Facility supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the adults within our justice system suffer from mental health and substance abuse issues. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). We will continue to partner and refer to services offered by Seasons to support the behavioral health needs of individuals served in this region of the State.

Respectfully submitted,

Maureen Hansen, Residential Manager Sheldon Residential Treatment Facility

515 Water Street Sioux City, Iowa 51103 (712) 252-0590 RTF: 252-3451 FAX: 252-0634

Suite One 100 West 5th St. Spencer, Iowa 51301 (712) 262-5252 FAX: 262-5391 720 Western Avenue P.O. Box 39 Sheldon, Iowa 51201 (712) 324-5384 FAX: 324-5366

SIOUX COUNTY SHERIFF'S OFFICE



To Serve and Protect

Dan Altena, Sheriff Sioux County Sheriff's Office 4363 Ironwood Avenue, Suite 1 Orange City, IA 51041

Office (712) 737-2280 Fax (712) 737-8185 www.siouxcountysheriff.com

June 3, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

The Sioux County Sheriff's Office supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide residents from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within justice system suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest lowa to these individuals. On behalf of our agency, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in our communities.

It is vital the residents of Sioux and surrounding counties have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). We will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted,

Dan Altena, Sheriff

Sioux County Sheriff's Office



1525 West 5th Street Storm Lake, Iowa 50588 Ph. 712.732.4030 Fax 712,732,4034 www.bvrmc.org

June 6, 2016

Kim Scorza, MSW, LMSW **Executive Director** Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

It is with great enthusiasm that Buena Vista Regional Medical Center (BVRMC) supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families that we serve suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest Iowa to these individuals. On behalf of BVRMC, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital our children and their families have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). BVRMC will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted,

rantinez LMSW Maggie Martinez, LMSW

Social Worker

Buena Vista Regional Medical Center



DORDT COLLEGE

May 31, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

As an administrative leader supervising the Social Work, Psychology, and Criminal Justice programs and serving as the Program Director of the Social Work program at Dordt College, I am writing to express our support for Seasons to become a Certified Community Behavioral Health Clinic (CCBHC). As a social work professor who works closely with local agencies to provide services and care to children, adults, and families, we value the behavioral health services you provide within rural northwest Iowa.

Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care. It is vital individuals and their families have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). Dordt College will continue to partner and refer to services offered by Seasons to support the behavioral health needs of individuals and families served in this region of the State.

Respectfully submitted,

Abby M. Foreman, MSW

Associate Professor | Social Work Program Director | Area Leader

Dordt College

498 4th Ave NE

Sioux Center, IA 51250

Abby.Foreman@dordt.edu



PALO ALTO COUNTY HEALTH SYSTEM

A Pariner With Mercy Health Network - North Towa

Palo Alto County Hospital 3201 1st Street Emmetsburg, IA 50536 Phone: 712-852-5500 Fax: 712-852-5508

Family Practice Clinic -Emmetsburg 3201 1st Street Emmetsburg, IA 50536 Phone: 712-852-5555 or 1-800-293-2434 Fax: 712-852-5560

Family Practice Clinic - Graettinger 109 West Robins Ave. Graettinger, IA 51342 Phone: 712-859-3131 1-800-685-2431. Fax: 712-859-3133

Family Practice Clinic -West Bend 107 West Division Street West Bend, IA 50597 Phone: 515-887-7881 or 1-888-684-1455 Fax: 515-887-7893

Community Health Services 3201 1st Street Emmetsburg, IA 50536 Phone: 712-852-5419 Fax: 712-852-5513

PARC Hall 3201 1st Street Emmetsburg, IA 50536 Phone: 712-852-5520 Fax: 712-852-5460

Willow Ridge 3203 1st Street Emmetsburg, IA 50536 Phone: 712-852-5480 Fax: 712-852-5508 June 1, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

Palo Alto County Health System supports Seasons Center in making an application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within healthcare system suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest Iowa to these individuals. On behalf of Palo Alto County Health System, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital our residents have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). We will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted,

Desiree Einsweiler, CEO

Palo Alto County Health System



Sioux Center Community Schools

550 9th Street NE Sioux Center IA 51250 District Phone (712) 722-2985 FAX (712) 722-2986 High School (712)722-2981 Middle School (712)722-3783 Kinsey (712)722-1541

May 31, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

Sioux Center Community School supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within our education system suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest Iowa to these individuals. On behalf of the district I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital our children and their families have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). We will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted,

Troy Lentell

Kinsey Elementary Principal

Sioux Center Community School District



May 31, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 1.1th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

It is with great enthusiasm that the Iowa Center on Health Disparities support Seasons in making an application become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs,

Many of the children, youth, adults, and families within northwest Iowa suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest Iowa to these individuals. On behalf of the Iowa Center on Health Disparities, I want to express our support with this certification process.

It is vital children, youth, adults, and families have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, culturally responsive, and promote the integration of physical-behavioral health. Specifically, we will continue to partner with you to provide culturally responsive programs and services.

Therefore, the Iowa Center on Health Disparities would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). The Iowa Center on Health Disparities will continue to partner and refer to services offered by Seasons to support the behavioral health needs of individuals served in this rural region of the State.

Respectfully submitted.

Michele Devlin, Dr.P.H.

Professor and Chair, Health Promotion Division

Director, The Iowa Center on Health Disparities

(319) 273-5806

michele.devlin@uni.edu



315 1st Ave NE Sioux Center, IA 51250

Ph - 722-4900 Fax - 722-4901 email - atlas@mtcnet.net

Attaining Truth, Love And Self-Control

Amy Keahi
Director/Staff Mentor
Melanie Pottebaum
Staff Mentor

Brad Vermeer
Staff Mentor

Jen Sandbulte

Staff Mentor **Lori Wolf**

Mentor Coordinator
Tony Keahi

Equipping Coordinator

Ashley Egdorf Administrative Assistant

Mandi Dolieslager Receptionist Barb Dykshorn

Receptionist

"If one falls down,
his friend can
help him up. But
pity the man who
falls and has no
one to help him
up!"
~ Ecclesiastes
4:10

Board Members:

Doug Boone Ivan Dorhout Brian Hoekstra Kelly Hulstein Dave Krahling Allan Kramer Troy Ten Napel Eric Walhof Brady Woudstra May 31, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

ATLAS of Sioux Center supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within our human service systems suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest Iowa to these individuals. On behalf of ATLAS, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital our children and their families have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). ATLAS will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted,

Amy Keahi, Director

June 1, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301



816 South Grand, Suite 2 Spencer, IA 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

ATLAS of Spencer supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within our human service systems suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest Iowa to these individuals. On behalf of ATLAS, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital our children and their families have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). ATLAS will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted,

Scott finne

Scott Finnern, Director ATLAS of Spencer



June 7, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

Boys Town supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within our child welfare and human service systems suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest Iowa to these individuals. On behalf of Boys Town, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital our children and their families have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). Boys Town will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted,

Debbie Orduna

1851 Madison Avenue Suite 100 Council Bluffs Iowa 51503 | 712-323-4011 www.boystown.org/iowa Debbie.orduna@boystown.org



FAMILY CRISIS CENTERS

May 31, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Jowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

Family Crisis Centers supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within our human service systems suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest Iowa to these individuals. On behalf of Family Crisis Centers, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital our children and their families have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). Family Crisis Centers will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted.

/Shari Kastein, MBA

Executive Director Family Crisis Center



418 S. Marion Street • Remsen, IA 51050 • 712-786-2001 www.midsioux.org

May 31, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

It is with great enthusiasm that Mid-Sioux Opportunity, Inc. supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest lowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within our health and human services systems suffer from mental health and substance abuse issues. Seasons has been a leader and champion in providing high quality, evidence-based, and trauma-informed care in rural northwest lowa to these individuals. On behalf of Mid-Sioux, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital our children and their families have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

Therefore, I would recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). Mid-Sioux Opportunity, Inc. will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully,

Dick Sievers

Executive Director

Upper Des Moines Opportunity, Inc.

101 Robins Street ● PO Box 519 ● Graettinger, IA 51342 ● www.udmo.com ■ EOE

Phone: (800) 245-6151 or (712) 859-3885 • Fax: (712) 859-3892

"We are dedicated to helping build stronger communities by addressing the effects of poverty on individuals and families."

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Einniet Outreach 508 South 1st Street Estherville, IA 5133 Phonic: 712-362-2391

Hamilton Outreach 1440 East Second Street Webster City, IA 50595 Phone: 515-832-6451

Humboldt Outreach Humboldt Co: Courthouse Dakoia City, IA 30529 Phone: 515-332-3631

O'Brien Outreach 140 2nd Street SE Primghar, IA 51245 Phone: 712-957-1023

Osceola Outreach 1672 Northwest Blvd, Sibley, IA 51249 Phone: 712-754-2573

Palo Alto Ontreach 2905 25th Street Emmetsburg, IA 50536 Phone: 712-852-3482

Pocahonus Outreach 406 NW 7th Street Pocahontos, IA 50574 Phone: 712-335-3335

Websier Outreach 900 Central Avenue Trolley Cenier, Suite 11. Fori Dadge, TA 50501 Phone: 515-576-7774

Wright Outreach 221 West Broadway Eagle Grove, IA 50533 Phone: 515-448-3704 May 31, 2016

Kim Scorza, MSW, LMSW Executive Director Seasons Center for Behavioral Health 201 East 11th Street Spencer, Iowa 51301

RE: Letter of Support to become a Certified Community Behavioral Health Clinic (CCBHC)

Dear Kim,

Upper Des Moines Opportunity, Inc. (UDMO) ardently supports Seasons Center in making application to become a Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, you will be able to expand and enhance the range of mental health and substance use disorder services you are able to provide to children, youth, adults, and families from rural northwest Iowa, particularly to vulnerable individuals with the most complex needs.

Many of the children, youth, and their families within our health and human services systems suffer from mental health and substance abuse issues and Seasons provides high quality, evidence-based, and trauma-informed care in rural northwest Iowa to these individuals. On behalf of UDMO, I want to express our support with this certification process. We intend to continue to partner with you through mutual referrals, participation with workgroups and boards for joint projects, and reducing access barriers for children and families residing in communities.

It is vital our children and their families have access to the programs and services you offer that are recovery-oriented, wellness-focused, trauma informed, and promote the integration of physical-behavioral health.

I would strongly recommend the Iowa Department of Human Services consider and approve your application to become a Certified Community Behavioral Health Clinic (CCBHC). Upper Des Moines Opportunity, Inc. will continue to partner and refer to services offered by Seasons to support the behavioral health needs of children and families served in this region of the State.

Respectfully submitted,

Jamey M Whitney Executive Director

Upper Des Moines Opportunity, Inc.

3.2.5 Tab 5: Bidder's Background.

The bidder shall provide the information set forth in this section regarding its experience and background.

3.2.5.1 Experience.

The bidder shall provide the following information regarding the organization's experience:

3.2.5.1.1 Level of technical experience in providing the types of mental health services sought by the RFP.

Eligibility Requirements. Seasons is accredited through 441 Iowa Administrative Code Chapter 24 as a Community Mental Health Center (CMHC) and accredited through 641 Iowa Administrative Code Chapter 155 as an outpatient substance use disorder provider (SUD). In addition, Seasons is a non-profit organization, exempt from tax under Section 501 (c)(3) of the United States Revenue Code. Therefore, Seasons meets the eligibility requirements as set forth within this RFP. Certificates verifying current accreditation are provided at the end of this section as required by the RFP.

Brief History and Overview of Seasons. Northwest Iowa Mental Health Center dba Seasons Center is a comprehensive behavioral health center offering a broad range of psychiatric and behavioral health services in northwest Iowa since 1959 and has a non-profit designation status as described in section 501(c)(3). A fourteen member, all-volunteer board of directors governs the organization. An eight member, all-volunteer Advisory Board provides leadership and assistance with resource and program development, including fund raising for large capital projects. The primary geographic service area served by Seasons encompasses nine counties in rural northwest Iowa: Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux. The nine-county service area supports a total population of 139,833 residents (US Census 2015 Estimates). The central office is located in Spencer, Iowa (Clay County), with additional clinical offices in each of the other 8 counties.

The mission of Seasons is, "Guiding individuals and families towards a meaningful and fulfilling life". The vision is "Best in the Midwest in Behavioral Health" with the three values of: Innovation, Impact, and Influence. The six strategic goals designed to support the mission and vision of the agency to create high-quality, coordinated, and evidence-based community based behavioral health services are: (1) Expanding Funding Sources, (2) Appropriate Space, (3) Autumn's Center, (4) Expanding Programming, (5) Workforce Development, and (6) Public Relations.

This next section will evidence Seasons' technical experience with providing high quality, coordinated, evidence-based, trauma-informed, and culturally responsive community based mental health services.

Technical Experience in Providing Mental Health Services. Seasons has a long history of providing mental health services in rural northwest Iowa. Building upon the accomplishments and challenges over the years, Seasons has emerged as an agency well-prepared to participate in the proposed demonstration project to become one of the first Certified Community Behavioral Health Clinics (CCBHC) in Iowa. Details of theses qualifications are captured in the following narrative.

<u>Visionary Leadership</u>. The *Leadership Team* at Seasons consists of Kim Scorza, President/CEO, Daniel Ries, Director of Finance and Human Resources; Jason Low, Director of Information Technology; Dr. Natalie Sandbulte, Director of Clinical Services; Christina Eggink-Postma, Director of Program Coordination and Compliance; and Jean Drey, Director of Program Development. During the past year, this team led the agency in achieving a 3% growth in the number of individuals served, from 5,033 to 5,190; creating 16 new jobs/positions, and attaining a 20% growth in employees, from 79 to 95 (through

December 31, 2015). Details about their specific qualifications, experiences, and roles and responsibilities is presented later in this section as required within the RFP for content and organization of information. Two new positions have been added to the Leadership Team to support the growth of the agency, to assist with recent funding/new program start-up, and to assist with facilitation of this demonstration project to become a CCBHC: a Vice-President of Community Services and a Vice-President of Patient Care. Vanessa Jorgensen was hired in May as the VP of Community Services. Ms. Jorgensen has 10 years of experience in the human services field, three years of direct supervision and program management. With the addition of these new positions, a restructuring of personnel is occurring and as a result the current leadership position titles will be revised from Director to Vice-President. These new titles are used with the Tables of Organization provided with this application.

Committed Board. As previously stated, the governing structure for Seasons consists of a 14 member all-volunteer board and an 8 member all-volunteer advisory board. The board meets monthly and during 2015, 8 of the 14 members had an annual attendance of 80% or more with one member attending 100% of the regular meetings. There average meeting attendance or participation was nearly 70%. The Advisory Board is credited with supporting the President/CEO in completing a \$1.5 million capital campaign for Autumn's Center. Autumn's Center was named in honor and memory of Autumn Elgersma, of Orange City, Iowa who died on October 31, 2013 after being hospitalized for two days due to the abuse she endured while in the care of her babysitter. Autumn's Center will provide specialty care for children ages 0-21 who have experienced abuse, neglect, bullying, grief, loss, divorce of parents, parental substance abuse or who have developmental conditions such as a spectrum disorder, to name a few conditions.

<u>Dedicated Professional Staff.</u> Seasons currently employs a professional staff of 107 employees (99.35 FTEs), representing 8 Psychiatric Providers, 7 Nurses/Crisis Staff, 23 Therapists, 7 Substance Abuse Counselors, 21 IHH/Case Management Staff, 6 Community-Based Workers, 7 Juvenile Court Specialty Care Coordinators, 10 Support Staff, 11 Administrative/Management, and 7 Psychological Testing.

Commitment to Evidence-Based Programming. Substance abuse counselors, mental health therapists, and other staff are provided trained in specialized treatment modalities: (1) Parent Child Interaction Therapy (PCIT) which focuses on children age 3-7 with behavioral concerns. This therapy assists the primary care giver so they can connect with their child in meaningful ways. (2) Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) targets children ages 3-21, who have been exposed to or experienced trauma, including but not limited to: PTSD, depression, anxiety, externalizing behavioral problems, relationship and attachment problems, school problems and cognitive problems. (3) Life Span Integration Therapy utilizes empowerment of the individual to resolve past traumatic issues. (4) Dialectical Behavioral Therapy (DBT), a form of cognitive behavioral treatment that has been proven to be effective in treating substance abuse and several other mental health disorders. (5) Motivational Interviewing (MI) is a directive, client-centered counseling style. (6) Nurturing Parenting Program (NPP) is a familycentered program designed to build nurturing skills as alternatives to abusive parenting and child rearing attitudes and practices. (7) Functional Family Therapy (FFT) is an intervention for the treatment of violent, criminal, behavioral, school, and conduct problems with youth and their families. FFT has received national recognition for their successful youth outcomes. Substance abuse counselors use evidence-based curriculum, including Living In Balance and the Matrix Model. In 2015, Seasons began the process to becoming a certified Evidence-Based Organization (EBO). Since then Seasons hired a full-time Industrial Organizational Psychiatrist (IO) to assist with data collection and to ensure fidelity with implementation of evidence-based programs. In March, 2016, Seasons received a provisional certification as an EBO from Joyfields Institute for Professional Development. Seasons is continuing the process to become fully certified as and EBO.

<u>Experience with New Program Start-Up</u>. Traditional programs and services provided by Seasons include: outpatient psychiatric services, outpatient therapy, case management, community based services,

domestic abuse intervention, consultation and education, and behavioral health intervention services. Integrated Health Home Services, Juvenile Court Specialty Care Coordination, substance abuse services, psychological testing, community care coordination teams, parenting education, and family and peer support represent programs and services offered by Seasons over the past five years. Seasons is the exclusive external provider of inpatient psychiatric services in a 15 bed acute psychiatric unit at the Spencer Municipal Hospital (Clay County).

Seasons will be opening Autumn's Center, a regional children center, this September (2016). Autumn's Center was named in honor and memory of Autumn Elgersma, of Orange City, Iowa who died on October 31, 2013 after being hospitalized for two days due to the abuse she endured while in the care of her babysitter. Autumn was three years old when she died. Autumn's Center will provide specialty care for children ages 0-21 who have experienced abuse, neglect, bullying, grief, loss, divorce of parents, parental substance abuse or who have developmental conditions such as a spectrum disorder, to name a few conditions. At Autumn's Center, a specialty care team will work with children and their families to ensure the child's needs are being met using evidence based practices in a safe environment, including a sensory room, play therapy room, PCIT room, as well as healing gardens outside. Inside the over 10,000 square foot building will be sound-reduction walls for privacy, specialty furniture for infants, toddlers, all the way up to adults. Autumn's Center will mean expanded new space to offer children's services, the employment of additional staff, as well as, new and expanded programs and services.

On May 10, 2016, Seasons was awarded a Victim Services Support (VSS) New Initiatives Program grant from the Iowa Department of Justice, Crime Victim Assistance Division. This project will be both an expansion of existing behavioral health services provided by Seasons and the implementation of new program services. The service area will encompass 19 counties in northwest Iowa: Buena Vista, Calhoun, Carroll, Cherokee, Clay, Crawford, Dickinson, Emmet, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, and Woodbury. With this funding, Seasons will hire four Trauma Therapists, dedicated to the implementation of program services and activities. In addition, this funding will expand partnerships with well-established victim services agencies in providing therapy to their clients as well as training and resources to victim service agencies employees.

On May 17, 2016, Seasons was awarded a Community Development Block Grant (CDBG). This funding will be used to purchase a 63 acre property located in rural O'Brien County to open a therapeutic camp for children, with a target date of March 2017 to begin providing services. This location will be credentialed and provide group and individual therapy, respite care, and traditional camp experiences.

In addition, Seasons has extensive experience with managing local, regional, state, federal, and private foundation grants to start new programs, implement new therapies, pilot evidence-based strategies, and purchase grant specific materials, resources, and personnel. Details about projects that evidence Seasons' experience in mental health services specific to becoming a CCBHC is provided later in this narrative.

<u>Financial Health</u>. Seasons Director of Finance, Dan Ries, will manage the financial oversight for the project; overseeing all fiscal controls and accounting procedures and ensure prudent use, proper and timely disbursement, and accurate accounting of funds received under this RFP. Mr. Ries is employed fulltime and holds a degree in Business Management. He currently oversees the financial operations for other grant funded programs and was instrumental in setting up the Anasazi electronic data and recording keeping system for Seasons. He oversees agency audits. A copy of his resume is provided with this application. Under the fiscal management of Mr. Ries and Kim Scorza, President/CEO, the annual operating budget of the agency has grown from a budget of approximately \$3 million in the last 5 years to over \$7 million. In spite of budget cuts and declining funding, Seasons has been able to expand programs and experience positive financial health.

Trauma-Informed and Culturally Responsive. The Substance Abuse and Mental Health Services Administration (SAMHSA) describes trauma informed as, "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings." As previously described, during the past several years, Seasons has been intentional in expanding the use of trauma-informed and evidence-based practices, such a Parent Child Interactive Therapy, Trauma-Focused Cognitive Behavioral Therapy, Motivational Interviewing, and Dialectical Behavioral Therapy. Seasons has hosted national trainers to present on trauma-informed programs and culturally responsive programs, including Dr. Robert Anda, Laura Porter, Dr. Bruce Perry, Dr. Ira Chasnoff, Dr. Michele Devlin, and Dr. Mark Grey. Current and new offices and facilities are assessed for responsiveness to trauma and culture. As much as possible, office designs (location of furniture and color schemes) and furnishings (pictures on walls and signage) are chosen to be trauma sensitive and to reflect the culture of local communities. In becoming an Evidenced Based Organization, three staff from Seasons, Kim Scorza, Dr. Natalie Sandbulte, and Nikki VanGinkel attended a training on evidence-based practices to better support and encourage employees regarding vicarious trauma. As a result of that training, vicarious trauma is addressed with staff at monthly discipline/departmental meetings. In July 2016, Seasons will begin piloting the third year of a Culturally Competent Treatment Project (CCTP) grant with the Iowa Department of Public Health.

Innovative and Intentional Workforce Development. As previously described, all nine counties in the service area are identified as a Mental Health Provider Shortage Area (HPSA). To address this challenge, Seasons has been innovative with recruitment and retention strategies. Social media (website, Facebook posts, and Facebook ads), partnerships with local economic development groups (Iowa Lakes Corridor Development Corporation), exhibits at state and national trainings, recruitment and retention bonuses, becoming a National Health Service Corps (NHSC) loan repayment site, becoming an Association of Psychology Postdoctoral and Internship Centers (APPIC), site and offering competitive salaries and benefits.

Responsive to Community Needs. The Board of Directors, Advisory Board, and Leadership Team implements a variety of strategies to ensure programs and services are responsive to the needs of local communities. Examples of strategies include, but are not limited to: review of local community data, review of internal data, client satisfaction surveys, community focus/discussion groups, individual meetings with agencies/businesses, and review and/or participation in other community needs assessments (local public health departments). At the regional training held the end of April (Anda/Chasnoff), Seasons conducted a 24 question "real time" survey with community members. Participants responded to questions using their smart phones and results were immediately displayed on a screen for participants to see results.

<u>Experience Providing CCBHC Programs and Services</u>. A brief description regarding Seasons' experience in providing the required CCBHC services is provided.

Crisis Behavioral Health Services: Emergency Services are provided 24 hours per day 7 days per week to assist individuals and families who have an emergent need. Services can be accessed by dialing 1-800-242-5101. Seasons provides these services when: individuals or family members feel that they or a loved one are a danger to themselves or others; individuals feel overwhelmed and need to speak to a crisis counselor right away; and/or onsite assistance arising from a traumatic event such as a death or injury in the workplace, natural disaster, car accident, suicide, homicide, or other such traumatic events. The crisis line is answered by a staff person from Seasons 24/7, 7 days per week. Emergency slots with a licensed therapist and/or psychiatric provider are available Monday through Friday for those individuals that need

to be seen. Seasons has signed a contract with Northwest Iowa Care Connections (MHDS Region) to begin providing crisis line service on July 1, 2016. When necessary, Seasons is able to deploy a team of professionals for crisis debriefings, such as suicides, sudden deaths, and home fires. Seasons has contracted with Employee Assistance Programs (EAPs) to do debriefing and counseling. Over the past several years, Seasons has done planning around the use of crisis chairs, beds, and mobile crisis teams. Seasons has applied for accreditation for Crisis Evaluation, Mobile Crisis, and 24 Hour Crisis Line services with the state. A lack of a funding source has been a key obstacle with moving forward with these services. Staff from Seasons, along with law enforcement, hospitals, medical clinics and mental health regional employees, participate on a Regional Crisis Team to assess community needs, service gaps, and identify strategies to address needs and gaps.

Screening, Assessment, and Diagnosis: Outpatient therapy, inpatient psychiatric services, outpatient psychiatric services, and psychological testing each use screening, assessment, and diagnostic services. Other program services use various screening and assessment tools, such as Case Management, Integrated Health Homes, and Behavioral Health Intervention. In October 2015, Seasons created a new position, an Intake Specialist. This individual screens children at intake, using 3 evidenced based screening and assessment tools: Trauma Symptom Checklist for Young Children (TSCYC), Behavioral Rating Inventory of Executive Functioning (BRIEF), and the Child Behavior Checklist (CBCL). Specialized grant programs are piloting specific screening and assessment tools and processes. Families enrolled in the Regional Partnership Grants may complete up to 8 evidence-based screening and assessment tools, addressing child well-being, family functioning/stability, and adult recovery, depending on the age of the child. The Specialized Substance Abuse Services program uses both substance abuse screening tools and screens for trauma and adverse childhood experiences. In September 2015, all staff were trained in Motivational Interviewing, including support staff. Staff share the same electronic health record for a patient and have access to comprehensive intake forms, screening and assessment results, and diagnostic information. Blood work and lab work is ordered to determine if there is an organic cause to symptoms when necessary.

Person-Centered and Family-Centered Treatment Planning: Seasons promotes person-centered and family-centered treatment planning. Specific examples of activities and strategies are: individual rights are explained to clients at the on-set of services, individuals and/or family members participate in creating their individual treatment plans and they are asked about their personal goals and strengths, individuals sign their treatment plans indicating their agreement with the plans, individuals and family members participate in program planning meetings with other agencies/programs, cultural beliefs are discussed as a part of treatment planning, literacy levels of clients and/or family members are considered to ensure information is understood, family feedback sessions are conducted following psychological testing, medication agreements are put in place as necessary, and interpreters and print materials are used for non-English speaking as possible. Crisis postcards are being created to be sent home with families. This activity will be implemented within the next few weeks.

Outpatient Mental Health and Substance Use Disorder Services: Seasons provides mental health counseling to adults, couples, families, adolescents, and children. Counseling may focus on self-esteem, relationships, unwanted behaviors, depression, anxiety, anger, and support in making life decisions. As previously described evidence-based programs are used in providing therapies. Seasons' employs 23 therapists, educated at a Masters level (Masters Social Work, Licensed Master Social Work, Licensed Mental Health Counselor, Licensed Marriage and Family Therapist, and Licensed Independent Social Worker). As previously described, Seasons has expanded programs and services for working with children with Autism and Attachment Disorders and will be opening Autumn's Center in September 2016, a state of the art regional children's center. Seasons' outpatient substance abuse programming incorporates three distinct levels of care provided by the American Society Addiction Medicine (ASAM) criteria. These levels of care include Intensive Outpatient (IOP), Extended Outpatient (EOP) and

Continuing Care (CC.) Therapists use a variety of interventions to facilitate goal achievement no matter the level of care provided. In addition to individual therapy, outpatient services are also provided in family and/or group therapy modalities. Season's substance abuse/dependency therapists are educated at Bachelors and Masters levels in psychology, social work or other related fields. Seasons has 7 substance abuse counselors. Seasons is training mental health therapists and substance abuse counselors in treating co-occurring disorders. A newly hired Psychiatrist is ASAM/ABAM (Addiction Medicine) certified and has prescribed medications that are considered part of MAT.

Outpatient Clinic Primary Care Screening and Monitoring: Seasons currently employs 7 nurses and 8 psychiatric prescribers. Outpatient psychiatric providers currently do primary care screenings for weight, blood pressure, pulse, and medical history (heart conditions, diabetes, allergies, and medications) at each visit. IHH staff conduct risk stratification assessments for each client at intake and this information includes weight, blood pressure, BMI, medical history, and medications. This information is updated at a minimum of annually. Clinicians work on a case by case basis with medical providers for monitoring specific health conditions of a patient. Crisis/emergency staff screen for medical conditions and refer to emergency rooms as necessary. Substance Abuse Counselors monitor medical conditions with primary care providers for clients with current and prior substance use. Information on primary care screening and monitoring is documented in a client's health record.

Integrated Health Home Services and Substance use Disorder Case Management: Seasons has been offering IHH services since July 1, 2014. The program currently has 725 clients enrolled, with a staff of 21. Case management services have been a key function of the IHH staff from the beginning. Each IHH client is provided with a care coordinator who provides case management services, a peer who knows what it might be like to walk in their shoes and a nurse who can help make sure the client is getting or staying healthy provide case management services as well. Seasons has been piloting the use of case management services for the substance abuse discipline over the past several years through grant funding. In the Spring of 2014, Seasons was awarded a grant from the Iowa Department of Public Health to pilot a Culturally Competent Treatment Project (CCTP) in two counties, Buena Vista and Sioux. Case Management services are provided by the Substance Abuse Counselors, as a service for clients enrolled in this program and range from an hour a week to several hours per week, depending on the case and need for services. Interpreters and print materials provided in Spanish are used as necessary to facilitate communication. The project started on July 1, 2014 and was to end on June 30, 2016, however, IDPH is extending funding for a third year through June 30, 2017. A program, Specialized Substance Abuse Services, has been piloted in 7 of the nine counties in the service area (Buena Vista, Clay, Dickinson, O'Brien, Osceola, Lyon, and Sioux) over the past two years. Funding is provided by local child welfare decategorization projects. A key feature of this program is case management/care coordination services, facilitated by the client's Substance Abuse Counselor. Funding has been confirmed for four of the counties (Clay, Dickinson, O'Brien, and Osceola) for this upcoming fiscal year and a grant has been recently awarded for two additional counties (Emmet and Palo Alto). Decat projects did not have funding for the other counties for the upcoming year.

Psychiatric Rehabilitation: Seasons is currently in the process of becoming accredited to provide Intensive Psychiatric Rehabilitation (IPR) services. Policies, procedures, and forms have been adopted and approved by the state. Job descriptions are in place and Seasons is in the process of hiring two staff for this new service, an IPR Specialist and an IPR Practitioner. There are currently two strong applicants for these positions; one is certified to provide program services and meets all the required qualifications and the other individual would need to complete training requirements. Program implementation for offering services is contingent upon the hiring the staff positions and could begin as early as July 2016. The new service will be supervised by the Vanessa Jorgenson, Vice-President of Community Services. A brief program description is provided. Services have been designed to restore, improve, or maximize an individual's level of functioning, self-care, independence, and quality of life. Seasons' IPR services will

be provided by caring, compassionate, and qualified staff that assist individuals in recovering their ability to perform a valued role in society. Seasons' IPR services will be provided where individuals live, work, learn, and socialize, and are offered in individual or group settings.

Peer Supports, Peer Counseling and Family/Caregiver Supports: Seasons has experience providing peer and family support and counseling through several programs. Prior to offering IHH services, Seasons administered a Peer Support Program. Program services primarily targeted adults with a chronic mental health diagnosis (bi-polar, schizophrenia, and depression). Peer support staff worked part time and were supervised by a Licensed Independent Social Worker (LISW). Unfortunately, hiring and maintaining a workforce of peer supports for this program has been a challenge and currently there are not peer supports for this program. The IHH program currently employs 4 individuals in Peer Support positions and 3 Family/Peer Support positions.

Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans: Traditional mental health and substance abuse services have always been available to members of the armed forces and veterans. In the past several years, Seasons has implemented some targeted strategies and activities for working with this special population. Seasons accepts Tri-Care, the military's health care program. In honor and memory of a local veteran from northwest Iowa, in November 2015, Seasons offered \$5,000 in free behavioral health services to veterans in this area. In 2016, Seasons added questions to the intake paperwork, to begin collecting data regarding military and veteran status. At the June 3, 2016, agency all-staff meeting, agency employees, with family members involved with the armed forces, were recognized. One of the new Psychology interns has military involvement. Efforts are underway to hire a new position as a Veteran's Specialist. This individual would be responsible for ensuring compliance with the Uniform Mental Health Services Handbook of the Veteran's Administration. In compliance with the handbooks, each veteran accessing services at Seasons will be assigned to a "Principle Behavioral Health Provider". Seasons will work with the VA to define the credentials and qualifications for this position (therapist, psychiatrist, and/or agency Veteran's Specialist).

3.2.5.1.2 Level of technical experience in providing the types of substance use disorder services sought by the RFP.

History of Providing Substance Abuse Services. Seasons began providing substance abuse services in June 2012. With the addition of this service Seasons has the ability to serve co-occurring substance abuse and mental health disorders. Brenna Koedam, Addictions Specialist for Substance Abuse, and the current substance abuse counselors have a wealth of expertise and experience in delivering high quality substance abuse treatment services, including case management for individuals with substance use disorders.

Seasons currently provides substance abuse services in Storm Lake (Buena Vista), Spencer (Clay), Spirit Lake (Dickinson), Sheldon (O'Brien), Sioux Center (Sioux), Rock Rapids (Lyon), and Estherville (Emmet). Clients/families in Osceola County are currently able to access services in one of the other office locations. Planning is underway to expand substance abuse counseling services to two counties, Emmet and Palo Alto.

Traditional Substance Abuse Program Services. Season's outpatient substance abuse program strongly believes and adheres to a 12 step model of addiction treatment. Knowing and understanding that each patient seeks out services for their own personal reasons, treatment is individualized to address specific client needs. A strong emphasis is placed on the first 4 steps, which includes acceptance of the disease and being able understand what it means to turn the addiction over to a personal higher power. Services primarily focus on alleviating specific substance abuse/dependency problems, enhancing overall functioning and preventing the development of additional problems for the individual and their families.

Seasons' current outpatient substance abuse programming incorporates three distinct levels of care as defined by the American Society of Addiction Medicine (ASAM) criteria. These levels of care include Intensive Outpatient (IOP), Extended Outpatient (EOP) and Continuing Care (CC). Counselors use a variety of interventions to facilitate goal achievement no matter the level of care provided. In addition to individual therapy, outpatient services are also provided in family and/or group treatment modalities.

Currently, the initial comprehensive substance abuse evaluation process includes the following screening and assessment tools: American Society of Addiction Medicine (ASAM) criteria; the SASSI-III for adult clients; and the SASSI-A2 for juveniles. A UA is done at the time of each client initial comprehensive evaluation. This is a 5 panel cup test that tests for THC, opiates, meth, amphetamine, and barbiturates.

Working Definition of Recovery and Relapse Prevention. Seasons supports SAMHSA's working definition of recovery for individuals with mental and substance use disorders, "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential". Furthermore, project activities support the four dimensions identified through the. Recovery Support Strategic Initiative: Health, Home, Purpose, and Community. As defined in the research, recovery and relapse prevention teaches clients: (1) how to cope with substance cravings; (2) refusal assertiveness skills; (3) decision making; (4) general coping and problem-solving skills; and (5) relapse prevention skills. Relapse prevention is integrated into each level of care. Again, this information will be embedded within the content of the weekly DHS groups.

<u>Screening, Assessments, and Diagnosis</u>: Each client at intake participates in a comprehensive assessment and orientation process: (1) to diagnosis according to the DSM substance use disorders criteria; (2) to determine the appropriate level of care using the six ASAM dimensions; and (3) to identify appropriate treatment planning using additional screening and assessment tools such as the SASSI, adolescent SASSI, and the Trauma Symptom Checklist. Individuals with substance use problems may use the 24/7 crisis line for access to emergency services.

Person-Centered and Family-Centered Treatment. Aligning with research, the assessment phase provides a client with clear and realistic orientation regarding substance use treatment, including expectations and time frames. Whenever possible, clients are offered treatment options that will best meet their current living and working conditions and responsibilities. When possible, family members and significant others who support the client will be involved with the treatment process. As previously stated the ASAM criteria is used to determine the appropriate level of care for a client. The ASAM criteria provide separate placement criteria for adolescents and adults to create comprehensive and individualized treatment plans. Adolescent and adult treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided and the intensity of treatment services provided. The ASAM criteria are assessed at each session to guide the delivery of treatment services. This information is documented at each individual session within the client progress note utilizing the continued stay criteria/discharge or transfer criteria. The ASAM criteria will be used with the proposed program.

Outpatient Substance Abuse Counseling Services & Co-occurring Disorders: Following the initial assessment and engagement period, clients work with their therapist to identify steps to achieve abstinence attainment. This includes strategies such as: identification of cues and trigger and subsequent action plans; identification and enlistment of supportive family members; and the identification and establishment of social support systems. This is developed during individual and group sessions. As part of treatment clients are strongly encouraged to actively attend Self-Help programs such as AA, NA, Celebrate Recovery, or other 12 step based community support groups. This approach will be integrated within the proposed program through individual case management, family meetings, and weekly group sessions.

Substance Abuse Case Management. Substance Abuse Counselors provide basis case management services. Recognizing the need for this Services, in the past several years, Seasons has reduced productivity expectations, to ensure Counselors are providing this needed service. With special funding from the CCTP grant and Specialized Substance Abuse Decat grants, described in the previous section, Substance Abuse Counselors have the opportunity to provide expanded case management services, to spend more time on activities such as helping a client identify and establish alternative recovery activities in his/her community. Counseling, teaching, and support includes things such as: education about the relapse process and how to interrupt it; identification of high risk situations, developing coping and management skills, developing healthy lifestyle habits, and establishing behavioral accountability for relapse. As a component of the substance abuse evaluation, Seasons assess for co-occurring disorders and refers for other mental health services if necessary. As the research evidences, many clients with substance abuse disorders have trauma histories and at this point would benefit from addressing these concerns as well in order to develop a self-directed recovery program. Due to the fact Seasons is a behavioral mental health center and has recently expanded the availability of evidence-based traumainformed programs, clients may receive services from the same agency and professionals are able to collaboratively service the individualized needs of the client and his/her family.

Ambulatory Detoxification-Withdrawal Management. In reference to the ASAM criteria for ambulatory detoxification, Seasons current substance abuse services meet the criteria for providing, "Level 1-Withdrawal Management; mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery". As previously described in Tab 4: Bidder's Approach to Meeting Deliverables, Seasons will be implementing protocols to directly provide Level 2 and Level 3, Withdrawal Management services.

Experience and Expertise of Substance Abuse Department. Seasons was licensed by the Iowa Department of Public Health in May 2012. Brenna Koedam, LMHC, IADC, and the Addictions Specialist for substance abuse services offered at Seasons, has been working in the substance abuse treatment field since 1998. She has a Bachelor of Science degree from Buena Vista University and a Masters in Mental Health Counseling from Capella University as well as a Chemical Dependency Counseling Certification Course work from Killian Community College. Her professional licenses and certification include: Licensed Mental Health Counselor (LMHC) with the State of Iowa, National Certified Counselor (NCC), Advanced Certified Alcohol and Drug Counselor (IADC) with the State of Iowa, International Alcohol and Drug Counselor (IADC) and Prevention Research Institute: Prime for Life Instructor (National). She has specialized training with: Sand Tray Training I-IV from the New Mexico Sand Tray Institute, Parent Child Interactive Therapy (PCIT), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Brenna began her employment at Seasons in June 2012. Brenna was instrumental in designing and developing the current substance abuse treatment model for Seasons. Seasons currently employs seven additional substance abuse counselors.

All of Seasons' Substance Abuse Counselors are certified or eligible for certification through the Iowa Board of Substance Abuse Certification. The growth of this program since 2012 speaks to the need for substance abuse services as well as to the commitment of Seasons to employ professionals with the expertise and qualifications to assure high quality services are available and accessible to clients in rural northwest Iowa. Two additional Substance Abuse Counselors are in the process of becoming LMHCs (Licensed Mental Health Therapists).

Two of the substance abuse counselors and two other agency staff are trained to facilitate the Prime for Life Education curriculum through Prevention Research Institute. Services provided using this curriculum includes a 12 hour DUI class and teen and adult diversion and adult education classes. Finally, Seasons is a provider of Access to Recovery Services (ATR) with the Iowa Department of Public Health.

3.2.5.1.3 Description of all services similar to those sought by this RFP that the bidder has provided to other businesses or governmental entities within the last twenty-four (24) months.

Inherent to the nature of small rural communities, health care and human service delivery systems in rural northwest Iowa have a long history of working together to meet the needs of children, adults, and families. Rural populations and limited resources, at first seemingly a disadvantage, can often provide an opportunity for collaboration. Health and human service providers tend to know each other and most are working with the same high risk and vulnerable individuals and families. The following narrative provides an overview of services Seasons has provided to other agencies and businesses in this area, similar to those defined within this RFP.

<u>Crisis Behavioral Health Services</u>. As previously described, in response to crisis in businesses, schools, or communities, clinicians and/or clinical teams from Seasons have responded to emergencies arising from a traumatic event such as a death or injury in the workplace, natural disaster, car accident, suicide, homicide, or other such traumatic events.

Screening, Assessment, and Diagnosis. Seasons and six project partners were the recipient of an ACYF-CB Regional Partnership grant in the Fall of 2012. The purpose of the RPG is to "create a multidimensional, trauma-informed and evidence-based system of care in rural northwest Iowa, to meet the needs of abused and trauma-exposed children and their families; designed to increase well-being, improve permanency, and enhance the safety of children as a result of parent or caretaker substance abuse". The target population for this project is children and their families involved in the child welfare system and impacted by substance abuse. Project partners with Seasons are: Department of Human Services, Western Service Area; Juvenile Court Services-Third Judicial District; Juvenile Court Judge-Third Judicial District; Promise Community Health Center; United Community Health Center; and Sheldon Residential Treatment Facility. A key service of this grant is the implementation of up to 8 evidence-based screen and assessment tools to measure child well-being, family functioning/stability, and adult recovery, depending on the age of the child.

In 2014, Seasons partnered with Promise Community Health Center, under a HRSA grant, to place a Behavioral Health Consultant (employed by Seasons) on-site at this primary care clinic (federally qualified community health center) to provide screenings and brief interventions for individuals presenting at the clinics. Even after the funding ended, Seasons continues to have a clinician on-site at PCHC 2 mornings per week for 8 hours per week. In 2015, Seasons placed a Behavioral Health Consultant for a brief time at the Avera Medical Clinic in Spencer, piloting services similar to the PCHC project.

In response to special requests and circumstances, clinicians from Seasons have traveled to local school districts to conduct screenings and assessment. Seasons is involved in a current contract with Lakes Partnership School. This is a collaboration between Seasons, Prairie Lakes Area Education Agency (AEA), and 7-10 school districts. As a result of this partnership, special classrooms have been set up in Spencer, at an off-site location, for children who are experiencing behavioral challenges and not able to attend traditional classrooms. Seasons has a therapist who provides services on-site at this location.

<u>Person-Centered and Family-Centered Treatment Planning</u>. The RPG project described in the previous section, represents a project that provides person-centered and family-centered treatment planning with other agencies. The initial screenings and assessments look at the child, parent/caregiver, and the family unit and thereby guide treatment planning that is person and family-centered.

Outpatient Mental Health and Substance Use Disorder Services. Seasons has co-located therapists and substance use counselors at Promise Community Health Center (PCHC) on a part time basis to provide mental health therapy and substance abuse counseling. Seasons is credentialed to provide therapy services at most area school districts and has provided services on a part time basis to several of these school districts. Lack of appropriate space at schools and limited therapists have presented challenges for providing services within schools. Seasons has offices co-located at several medical facilities, where behavioral health services are provided (Estherville Hospital, Sibley Hospital, and Promise CHC) and Seasons is credentialed at two other medical facilities (United Community Health Center and Mill Creek Clinic in Paullina). Seasons will be relocating offices to the Palo Alto County Hospital in Emmetsburg later this year.

<u>Outpatient Clinic Primary Care Screening and Monitoring</u>. Seasons has not provided this service to other businesses and community agencies.

Integrated Health Home (IHH) Services and Substance Use Disorder Case Management. As a result of special projects and contracts, Seasons has or is providing care coordination services, which are similar to case management services provided by IHH, to community-based agencies and programs. Through grants with Iowa Primary Care Association and the Iowa Department of Public Health, Seasons piloted the implementation of care coordination teams in Spencer (Clay County) and Sioux Center (Sioux County). The Spencer team provided services for the Avera Medical clinic in Spencer and the Sioux Center team provided services to Promise Community Health Center. The Juvenile Court Specialty Care Coordination (JCSCC) contract represents another example of care coordination/case management being provided in other community agencies. Seasons designed this program to provide community-based support for youth and families involved in the Juvenile Court system. Juvenile Court Specialty Care Coordinators assist the family in their home or neighborhood and are key members of the youth's treatment team. Goals of the service include prevention of juvenile crime, and reduction of youth violence, adolescent substance abuse, teen pregnancy, school dropouts, truancy, and gang activity. The coordinators help the youth and family understand services available to them and coordinate the services. This program works closely with Juvenile Court and the Department of Human Services to monitor and validate the youth's progress towards goals; provides assistance through the teaching of life skills; is a role model for the youth; and advocates for the youth.

Specifically the JCSCCs work with probation offices from Juvenile Court Services in the Third Judicial District and the juvenile's local school district. As previously described, with funding from the CCTP grant and Specialized Substance Abuse Decat grants, case management services are provided between Seasons, child welfare, attorneys, Family Treatment Court, and other health and human service agencies. Due to the partnership nature of these special projects, case management is not limited to Seasons' office, but rather are delivered in environments that meet an individual's needs (juvenile court office, Family Treatment Court, school campuses, and client's home).

Psychiatric Rehabilitation. In building an Intensive Psychiatric Rehabilitation Program (IPR), Seasons is using strategies and programming similar those provided through current Case Management, Community Based Services, and Behavioral Health Intervention Services. Services are designed to restore, improve, or maximize an individual's level of functioning, self-care, independence, and quality of life and are provided where individuals live, work, learn, and socialize.

Case Management services are available to individuals with intellectual disabilities. Services assist individuals in becoming more independent, self-sufficient and productive members of their communities. Seasons provides Case Management services for individuals who reside in Clay, O'Brien, Dickinson, and Osceola Counties. Community Based Services are available for individuals 18 years of age and older who have behavioral health challenges that require supportive care in their home and community. Some

examples of behavioral health challenges could be: difficulty with problem solving, managing stress, money management, coping with daily life challenges, and medication compliance.

Behavioral Health Intervention Service (BHIS) is a skill-based intervention for children and youth that focuses on reducing behavioral health challenges by teaching skills such as conflict resolution, problem solving, coping, impulse control, and relationship building. Services are provided in individual, family and/or group settings on a consistent basis, working on goals set by the family and the Community Based Specialist. Children can benefit from services if they display any of the following behaviors: poor listening and communication, verbal or physical aggression, disrespectful behaviors, depression, anxiety, unable to pay attention, and a lack of friends or meaningful relationships.

Peer Support, Peer Counseling, and Family/Caregiver Supports. As previously discussed, through grants with Iowa Primary Care Association and the Iowa Department of Public Health, Seasons piloted the implementation of care coordination teams in Spencer (Clay County) and Sioux Center (Sioux County). The Spencer team provided services for the Avera Medical clinic in Spencer and the Sioux Center team provided services to Promise Community Health Center. Peer/Family Support staff were members of the care teams and provided support to the clients, medical facilities, and members of the community care teams.

<u>Intensive</u>, <u>Community-Based Mental Health Care for Members of the Armed Forces and Veterans</u>. There were no additional programs or services offered to the community.

3.2.5.1.4 Description of all contracts and projects currently undertaken by the bidder. Descriptions of similar services (above) do not need to be repeated again in this section.

Following is a list of current contracts and projects Seasons has in place. Contracts are summarized into two categories, those that fund specific programs and services and those that support consultation and technical assistance in providing high quality management, workforce, and facilities.

Contracts that That Support Programs and Services:

Previously defined contracts: Regional Partnership Grant (RPG), Culturally Competent Treatment Project (CCTP), Juvenile Court Specialty Care Coordination (JCSCC), Specialized Substance Abuse Services – Decat, and Promise Community Health Center – Out-Patient Therapy. Additional program specific contracts:

- Psychiatrist: Robin Kopelman, MD, MPH, joined Seasons in 2015 in order to bring specialized care to the women and mothers of northwest Iowa. She is a one of the leading experts in the state of Iowa in the field of Women's and Maternal Mental Health. She provides services using telehealth with several on-site visits per year.
- Psychiatrist: Carlo Castillo, MD. Dr. Castillo joined Seasons in January 2016 and works fulltime providing outpatient psychiatric services to children and adolescents;
- Psychiatrist: Christopher Davidson, MD, joined Seasons the end of April 2016. He will specialize in seeing adults.
- University of Iowa: Consultation and supervision for the application of Applied Behavioral Analysis (ABA) and Board Certified Behavior Analyst (BCBA) services for clinicians from Seasons working with children and families with an autism diagnosis.
- University of Iowa: Consultation and training for the implementation of Parent Child Interactive Therapy (PCIT), an evidence-based therapy for children.
- Elderbridge Agency on Aging: Mental health outreach in 10 counties (Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, Pocahontas, and Sioux).

- Siouxland Human Investment Partnership: Funding for a Nurturing Parenting Program.
- Managed Care Organizations (MCO): IHH services for non-Medicaid Adults and Kids, and BHIS services for kids.
- Northwest Iowa Care Connections: Access to crisis services and crisis care coordination, access to psychiatric services (on-call for the hospital), and fee-for-service for other MH services (i.e. therapy, peer support, etc.) and contract for crisis line services, starting July 1, 2016.
- Managed Care Organizations (MCOs): Medicaid modernization-Amerigroup, Inc., AmeriHealth Caritas Iowa, Inc., and UnitedHealthcare Plan of the River Valley, Inc.
- Dr. Michele Devlin and Dr. Mark Grey: External program evaluation and cultural competency training for the RPG project.

Contracts that That Support Capacity Building:

- Avera Health: Management Partnership Agreement.
- MTM Services: Consultation for transitioning to Same Day Access, Just In Time Prescriber Scheduling, and Collaborative Documentation.
- Ben Khan: Consultation and technical assistance with program planning for substance abuse prevention services.
- Physician Finders: Recruiting for psychiatrists and psychologists.
- Jobs Trusts-Clay County: Workforce development in Spencer (Clay County), 10 new positions.
- Spencer Hospital: Contracting for psychiatry services.
- Cannon Moss Brygger Architects: Facilities design for Autumn's Center.
- Fairway Outdoor: Billboards for marketing, education, and outreach for programs and services.
- Avery Outdoor: Billboards for marketing, education, and outreach for programs and services.
- Office Space: Spencer (Clay), Storm Lake (Buena Vista), Estherville (Emmet), Emmetsburg (Palo Alto), Sheldon (O'Brien), Sibley (Osceola), and Rock Rapids (Lyon).

3.2.5.1.5 Letters of reference from three (3) of the bidder's previous clients knowledgeable of the bidder's performance in providing services similar to those sought in this RFP, including a contact person, telephone number, and electronic mail address for each reference. It is preferred that letters of reference are provided for services that were procured in a competitive environment. Persons who are currently employed by the State, or who have been employed by the State in the past 5 years, are not eligible to be references.

As required, Letters of Reference are provided on the next pages.

The remainder of this page is intentionally left blank so the aforementioned letters can be inserted.



A Department of Spencer Hospital

116 E. 11th St., Suite 101 Spencer, IA 51301 712-264-3500 Fax: 712-264-3535

May 31, 2016

RE: Letter of Reference: Certified Community Behavioral Health Clinics (CCBHC)

Dear Kim,

This is a letter of reference, on behalf of Avera Medical Group, for your grant application: Certified Community Behavioral Health Clinics (CCBHC) – MHDS 16-020. I understand that the purpose of this funding opportunity is for your agency to become certified by the Iowa Department of Human Services as a Certified Community Behavioral Health Clinic (CCBHC).

Seasons has long been a provider of quality behavioral health services in rural northwest Iowa. Under your direction, Seasons has emerged as a leader and champion for providing quality behavioral health services for children, youth, and families in this rural part of the State.

As the Regional Director, I acknowledge that Seasons and Avera Medical Group have a positive and collaborative history of working together to meet the primary and behavioral health needs of individuals and families. Over the past several years, Seasons has provided high-quality behavioral health services for our primary care clinic. We have worked as partners on several contracts and projects to address integrated primary and behavioral health care issues, specifically creating and sustaining a community care coordination team for the community of Spencer and Clay County. We continue to work together to find solutions to address crisis and emergency behavioral health services, out-patient psychiatric services, integrated care, social determinants of health, peer and family support, screening and assessment, and co-occurring disorders.

By providing this letter of reference, I am evidencing our support and commitment to Seasons in becoming a Certified Community Behavioral Health Clinic (CCBHC).

As requested, here is my contact information for your grant application.

Contact Person: James Potvin Telephone Number: 218 330-8458 Email Address: james.potvin@avera.org

Please let me know if I can be of further assistance to you with your application.

Respectfully submitted,

James M. Potvin Regional Director Avera Medical Group

Our Promise To You... Affordable, Accessible, Quality Health Care.

May 31, 2016

RE: Letter of Reference: Certified Community Behavioral Health Clinics (CCBHC)

Dear Kim,

This is a letter of reference, on behalf of Promise Community Health Center (PCHC), for your grant application: Certified Community Behavioral Health Clinics (CCBHC) – MHDS 16-020. I understand that the purpose of this funding opportunity is for your agency to become certified by the Iowa Department of Human Services as a Certified Community Behavioral Health Clinic (CCBHC).

Seasons has long been a provider of quality behavioral health services in rural northwest Iowa. Under your direction, Seasons has emerged as a leader and champion for providing quality behavioral health services for children, youth, and families in this rural part of the State.

As the Executive Director, I acknowledge that Seasons and Promise Community Health Center have a positive and collaborative history of working together to meet the primary and behavioral health needs of individuals and families. Over the past several years, Seasons has provided high-quality behavioral health services for our clinic. We have worked as partners on several contracts and projects to address integrated primary and behavioral health care issues. Seasons currently has clinical staff on-site at our clinic, providing mental health services. We continue to work together to find solutions to address crisis and emergency behavioral health services, out-patient psychiatric services, integrated care, social determinants of health, peer and family support, screening and assessment, and co-occurring disorders.

By providing this letter of reference, I am evidencing our support and commitment to Seasons in becoming a Certified Community Behavioral Health Clinic (CCBHC).

As requested, here is my contact information for your grant application.

Contact Person: Nancy Dykstra, Executive Director

Telephone Number: 712,722,1700

Email Address: ndykstra@promisechc.org

Please let me know if I can be of further assistance to you with your application.

Respectfully submitted

Nancy Dykstra

Executive Director

Promise Community Health Confe

PROMISE COMMUNITY HEALTH CENTER



1200 First Avenue East Spencer, Iowa 51301 (712) 264-8300 SpencerHospital.org

May 31, 2016

RE: Letter of Reference: Certified Community Behavioral Health Clinics (CCBHC)

Dear Kim,

This is a letter of reference, on behalf of Spencer Hospital, for your grant application: Certified Community Behavioral Health Clinics (CCBHC) – MHDS 16-020. I understand that the purpose of this funding opportunity is for your agency to become certified by the Iowa Department of Human Services as a Certified Community Behavioral Health Clinic (CCBHC).

Seasons has been a provider of quality behavioral health services in rural northwest Iowa since 1959. Under your direction, Seasons has been a leader and champion for providing quality behavioral health services for children, youth, and families in this rural region of the state.

Seasons and Spencer Hospital have maintained a positive and collaborative history of working together to meet the behavioral health needs of individuals and families. Over the past many years, Seasons has provided high-quality psychiatric services for the hospital's 15 bed inpatient unit. Through the years we've worked as partners on many contracts and projects to address issues such as crisis and emergency behavioral health services, outpatient psychiatric services, integrated care, social determinants of health, and co-occurring disorders. We've also worked in partnership to recruit and retain high quality psychiatric providers to rural northwest Iowa.

By providing this letter of reference, I'm demonstrating my support and commitment to Seasons in becoming a Certified Community Behavioral Health Clinic (CCBHC).

Following is my contact information for your grant application.

Contact Person: Bill Bumgarner, President, Spencer Hospital

Telephone Number: 712.264.6111

Email Address: bbumgarner@spencerhospital.org

Please let me know if I can be of further assistance regarding your application.

Respectfully submitted,

Bill Bumgarner

President, Spencer Hospital



715 West Milwaukee Storm Lake, IA 50588 712-213-0109 (office) 712-213-0186 (fax)

May 31, 2016

RE: Letter of Reference: Certified Community Behavioral Health Clinics (CCBHC)

Dear Kim,

This is a letter of reference, on behalf of United Community Health Center (UCHC), for your grant application: Certified Community Behavioral Health Clinics (CCBHC) – MHDS 16-020. I understand that the purpose of this funding opportunity is for your agency to become certified by the Iowa Department of Human Services as a Certified Community Behavioral Health Clinic (CCBHC).

Seasons has long been a provider of quality behavioral health services in rural northwest Iowa. Under your direction, Seasons has emerged as a leader and champion for providing quality behavioral health services for children, youth, and families in this rural part of the State.

As the Executive Director, I acknowledge that Seasons and United Community Health Center have a positive and collaborative history of working together to meet the primary and behavioral health needs of individuals and families. Over the past several years, Seasons has provided high-quality behavioral health services for our clinic. We have worked as partners on several contracts and projects to address integrated primary and behavioral health care issues. We continue to work together to find solutions to address crisis and emergency behavioral health services, outpatient psychiatric services, integrated care, social determinants of health, peer and family support, screening and assessment, and co-occurring disorders.

By providing this letter of reference, I am evidencing our support and commitment to Seasons in becoming a Certified Community Behavioral Health Clinic (CCBHC).

As requested, here is my contact information for your grant application.

Contact Person: Rich Gehrig, Executive Director

Telephone Number: 712.213.0109 Email Address: rich@uchcsl.com

Please let me know if I can be of further assistance to you with your application.

Respectfully submitted,

Kul DEKIN

Rich Gehrig, Executive Director United Community Health Center 3.2.5.1.6 Description of experience managing subcontractors, if the bidder proposes to use subcontractors.

Seasons does not plan to use subcontractors.

3.2.5.1.7 Documentation of all accreditation and licensure required by this RFP. The Bidder shall identify any pending accreditation or licensure applications.

Seasons is accredited through 441 Iowa Administrative Code Chapter 24 as a Community Mental Health Center (CMHC) and accredited through 641 Iowa Administrative Code Chapter 155 as an outpatient substance use disorder provider (SUD).

The following documents are provided, as documentation of these accreditations and licensures.

- Iowa Department of Human Services Certificate of Accreditation-Community Mental Health Center, dated February 2013
- Iowa Department of Human Services, Chapter 24 Extension Letter, dated December 30, 2015
- Iowa Department of Public Health-Certificate of License: Substance Abuse and Problem Gambling, dated January 14, 2015

The remainder of this page is intentionally left blank so the aforementioned letters can be inserted.



NOTICE OF ACTION – APPROVAL

Mental Health, Mental Retardation, Developmental Disabilities, Brain Injury Commission lowa Department of Human Services

CERTIFICATE OF ACCREDITATION

NW Iowa Mental Health Center doa Seasons Center for Behavioral Health Accreditation is granted to:

Community Mental Health Center Type of organization:

Outpatient Psychotherapy/Counseling Case Management Evaluation For the following services:

Supported Community Living Emergency

Type of accreditation:

Date of accreditation: 2/1/2013

February, 2013

Date

Date of expiration: 1/31/16

470-3006 (Rev. 12/06)

Division of Mental Health and Disability Services



lowa Department of Human Services

Terry E. Branstad Governor Kim Reynolds Lt. Governor Charles M. Palmer Director

December 30, 2015

Kim Scorza Seasons Center for Behavioral Health 201 East 11th Street Spencer, IA. 51301

Dear Kim and Christina;

This letter is to provide an extension of your accreditation under Chapter 24. Your Chapter 24 certificate shows an expiration of January 2106. Your on-site survey has been scheduled for March 21st – 24th, 2016 and a recommendation will be presented to the MHDS Division Administrator by June 30, 2016.

The rules 441—24.5(5)g "Extensions" state: The division may grant an extension to the period of accreditation if there has been a delay in the accreditation process that is beyond the control of the organization, the division, or the commission; or the organization has requested an extension to permit the organization to prepare and obtain approval of a corrective action plan. The division shall establish the length of the extension on a case by case basis."

The division hereby grants Northwest Iowa Mental Health Center dba. Seasons Center for Behavioral Health an extension through June 2016 for the services of outpatient psychotherapy / counseling, emergency, evaluation, supported community living and case management. I trust this meets your needs. If there are questions, please contact me at 515-314-2540.

Sincerely,

Cheri Reisner

Cheri Reisner, Program Planner III DHS / MHDS / Accreditation

CERTIFICATE OF LICENSE

SUBSTANCE ABUSE AND PROBLEM GAMBLING

License No: 1352

Issue Date: January 14, 2015

THIS IS TO CERTIFY that Northwest Iowa Mental Health Center, dba Seasons Center

revocation for failure to comply with the rules and regulations promulgated under this law and shall be effective of having complied with all the requirements of Iowa Code, Chapter 125, to conduct and maintain Adult and Juvenile for Behavioral Health, located at 201 E.11th Street, Spencer, county of Clay, State of Iowa has given evidence February 2, 2015 to February 2, 2018 Levels 1, II.1 and II.5 Substance Abuse and Problem Gambling Treatment Services. THIS LICENSE shall be subject to

CHAIRPERSON Amac

STATE SOARD OF HEALTH SUBSTANCE ABUSE PROBLEM GAMBLING PROGRAM COMMITTEE

DIRECTOR

IOWA DEPARTMENT OF PUBLIC HEALTH

Internal Revenue Service

District Director

NORTHWEST IOWA MENTAL HEALTH CENTER 201 EAST 11TH STREET SPENCER IA 51301 Department of the Treasury

Person to Contact: E0:7

Telephone Number: 1-800-829-1040

312-435-1040

Refer Reply to: 93-1129

Date: March 4, 1993

RE: EXEMPT STATUS KIN: 42-0840465

This is in response to the letter, dated January 15, 1993, regarding your status as an organization exempt from Federal income tax.

Our records indicate that a ruling letter was issued in July, 1961, granting your organization an exemption from Federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954. Our records also indicate that your organization is not a private foundation but one that is described in Section 509(a)(1) & 170(b)(1)(A)(vi) of the Internal Revenue Code.

Contributions made to you are deductible by donors in computing their taxable income in the manner and to the extent provided in Section 170 of the Internal Revenue Code.

If your gross receipts each year are normally \$25,000 or more, you are required to file Form 990, Return of Organizations Exempt from Income tax by the fifteenth day of the fifth month after the end of your annual accounting period.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under Section 511 of the Code. If you are subject to this tax, you must file an income tax return on F-990-T.

If any question arises with respect to your status for Federal income tax purposes, you may use this letter as evidence of your exemption.

This is an advisory letter.

Sincerely yours,

Marilyn W. Day District Director

3.2.5.2 Personnel.

The bidder shall provide the following information regarding personnel:

3.2.5.2.1 Tables of Organization.

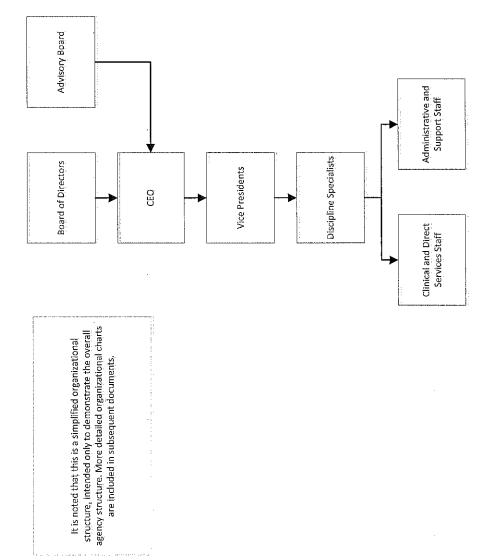
Illustrate the lines of authority in two tables:

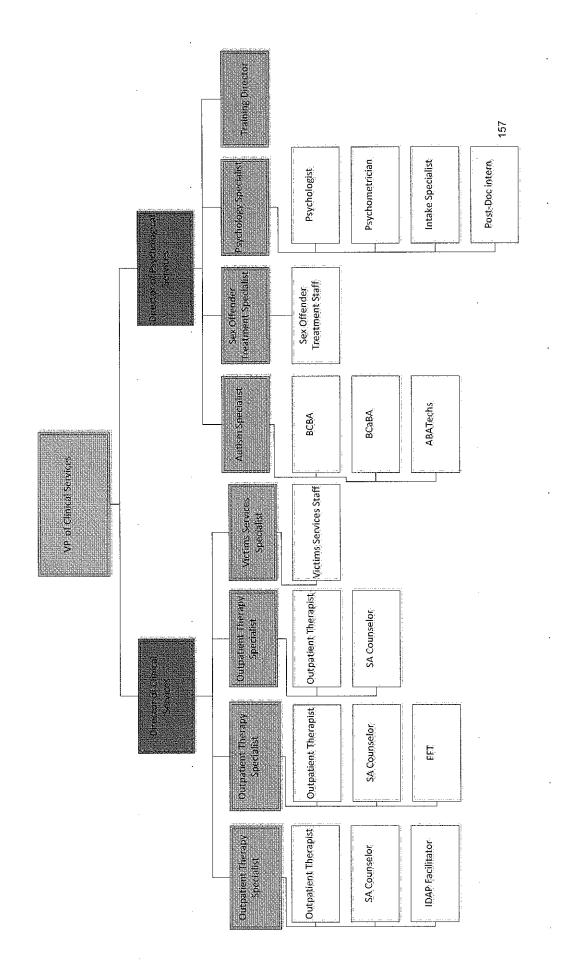
- One showing overall operations
- One showing staff who will provide services under the RFP

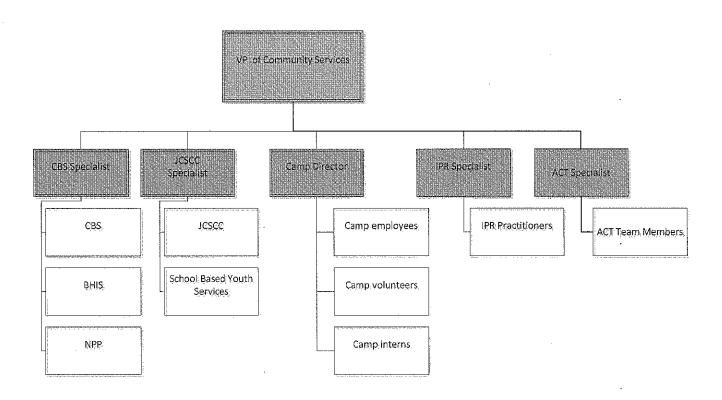
The next pages present Tables of Organization showing lines of authority for the overall organization of Seasons and for the staff providing services through this RFP for a Certified Community Behavioral Health Clinic.

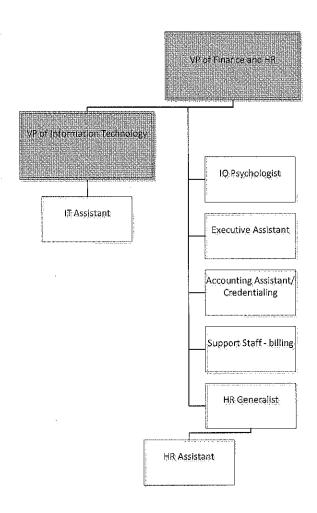
The remainder of this page is intentionally left blank so the tables of organization can be inserted.

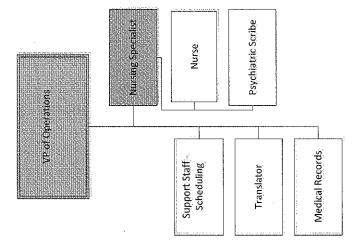


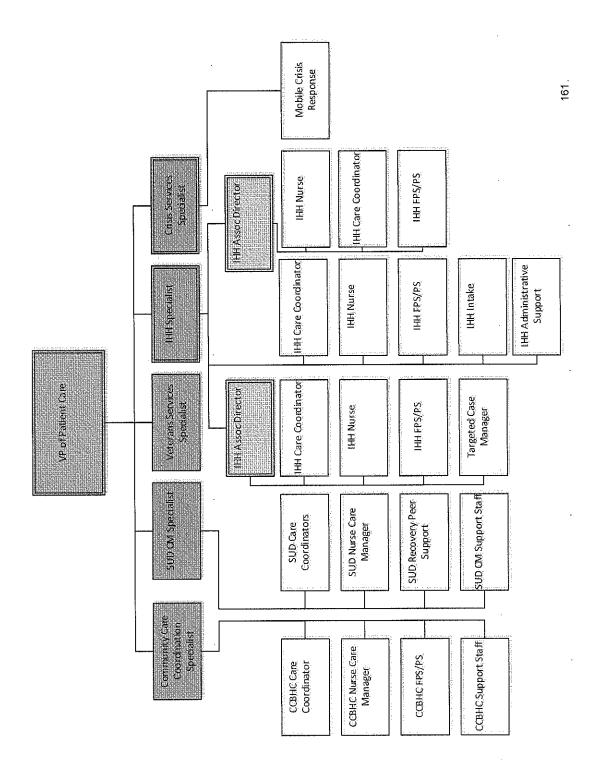


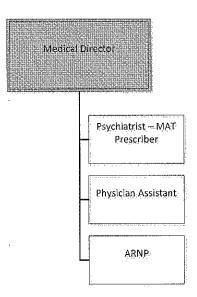












3.2.5.2.2 Names and Credentials of Key Corporate Personnel.

 Include the names and credentials of the owners and executives of your organization and, if applicable, their roles on this project.

Qualified Leadership Team. The Leadership Team at Seasons consists of Kim Scorza, President/CEO; Daniel Ries, Vice-President of Finance and Human Resources; Jason Low, Vice-President of Information Technology; Dr. Natalie Sandbulte, Vice-President of Clinical Services; Christina Eggink-Postma, Vice-President of Program Coordination and Compliance; Jean Drey, Vice-President of Program Development; and Vanessa Jorgenson, Director of Community Services. Two new leadership positions are in the process of being hired; Vice-President of Patient Care and a Vice-President of Operations. The Vice-President of Community Services is a new position and Ms. Jorgenson was hired in May 2016 and will assume her new position on June 27, 2016.

Kim Scorza, MSW, LMSW, Presient/CEO, for Seasons, has been working in the human services field in northwest Iowa for the past 25 years. In her current position, Ms. Scorza oversees an operating budget of over \$7 million dollars and leads a staff of over 100 employees. She has developed and promoted working relationships with key stakeholders and partners representing county, regional, and state agencies, including the Iowa Department of Human Services, Iowa Department of Corrections, Juvenile Court Services, the Iowa Department of Public Health, and multiple large primary care systems. Ms. Scorza has provided overall leadership and accountability for Seasons in strategic planning, financial management and budgeting, fund development and program development. She has a Master of Social Work from the University of Iowa and one year completed toward a Master of Science from Boston University in Boston, Massachusetts in Psychiatric Rehabilitation and Counseling. Ms. Scorza will serve as a co-Interim Project Director, until one is hired. In addition, she will provide supervision and support to the project with start-up, contracting, succession planning, future planning, workforce development, and building capacity for creating a high-quality and sustained certified community behavioral health clinic (CCBHC).

Dan Ries, Vice-President of Finance and Human Resources, will provide support to the project and be responsible for fiscal management, including the submission of the required financial reports, including cost reports, and the hiring of program staff, with the Human Resource Generalist. Mr. Ries has a B.B.A. Business Management. He currently has overall responsibility for the financial health of the agency.

Jason Low, Vice-President of Information Technology, will provide support and technical assistance with the use of technology for data collection and management. Mr. Low has a Bachelor of Science Degree in Technical Management, with a major in Network and Communication Management.

Natalie Sandbulte, Psy.D, Licensed Clinical Psychologist-Health Service Provider, Vice-President of Clinical Services, joined the Seasons team of professionals in January 2013. Dr. Sandbulte received both her Masters in Clinical Psychology and her Psy.D. in Clinical Psychology from Wheaton College. Dr. Sandbulte has been instrumental in building a high quality Psychological Testing Department, promoting and leading efforts to implement evidence-based and trauma-informed programs and services. She is responsible for overseeing the clinical operations of the agency. Dr. Sandbulte will provide supervision to ensure programs and services are evidence-based, trauma-informed, and culturally responsive and implemented with fidelity.

Christina Eggink-Postma, Vice-President of Program Coordination and Compliance, has a Bachelor of Arts degree in Psychology. She has extensive experience working with adoption, case management, and program development. In her capacity she will assist with the integration of the program into other related services, from both a funding and service lens. She will monitor and assure the quality of services meet

respective credentialing and licensure requirements. She will serve as a co-Interim Project Director until a permanent Project Director is hired.

Jean Drey, Vice-President of Program Development is a Licensed Bachelor Social Worker (LBSW) and has experience in implementing grant funded projects. She has previously served as the project director for multiple grant funded projects ranging in size from \$1,000 to over \$700,000, executing key job responsibilities for startup, implementation of goals, evaluation, sustainability, and downsizing. She will assist with start-up project activities and the refinement of procedures, protocols, and work flow designs for implementation of project activities.

Vanessa Jorgenson, Vice-President of Community Services, has a Bachelor of Arts degree in Criminology and Sociology from the University of Northern Iowa. She is a 2017 MSW Candidate in the Social Work program with the University of Iowa. She has 10 years of experience in the human services field and three years of direct supervision and program management. In her capacity as Vice-President of Community Services, she will oversee the start-up and implementation of the Intensive Psychiatric Rehabilitation Program (IPR) and the ACT Team (Assertive Community Treatment). Other community-based programs she will oversee include: Community Based Services, Juvenile Court Specialty Care Coordination, and the therapeutic camp.

The Vice President of Patient Care position is currently vacant. This new positions is responsible for ensuring the quality and direction of care coordination/case management services at Seasons. This person oversees Integrated Health Home (IHH), Case Management, Substance Use Disorder Case Management, Crisis Services, Community Care Coordination teams and Veterans Services Specialist. This individual will also serve as the Project Director. The individual in this position will serve as the Project Director and assume overall responsibility for implementing activities of this RFP as defined in Tab 4: Bidder's Approach to Meeting Deliverables and Seasons eventually becoming a certified community behavioral health clinic (CCBHC). Specific. A positions descriptions is provided in Tab 4.

The Vice-President of Operations position is currently vacant. The role of this new position is to ensure the clinical and service quality for services at all Seasons locations, including those services provided through this RFP. This position ensures clinic flow is established by serving as a liaison between provider needs and clinical resources. The VP of Operations provides leadership and manages support staff and nursing staff for clinics and oversees the supervision of the following positions: Nursing Specialist, Scheduling Support Staff, and Medical Records.

• Include names of the current board of directors, or names of all partners, as applicable. The table of organization should designate if board members identify as individuals with lived experience of mental illness, individuals who identify as being in recovery, consumers of behavioral health services, or family members of individuals in any of these categories. The table of organization shall identify the percentage of board members who identify as family members of Individuals served by the CCBHC, Individuals receiving services through the CCBHC, and individuals in recovery from behavioral health conditions.

The current governing Board of Directors consists of 14 individuals, representing 7 of the 9 counties in the service area (Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux). Board representation was previously selected around counties that belonged to specific mental health regions. Even though Buena Vista and Sioux counties are primary service locations for Seasons, the Board of Supervisors in those counties chose to participate in different mental health regions and therefore are not represented on Seasons Board of Directors.

A list of the current member of the Board of Directors is provided on the next page.

2016 BOARD OF DIRECTORS-GOVERNING BODY

POSITION	NAME_	COUNTY	REPRESENTATION	
President	Jim DeBoom	O'Brien	Retired-Farmer	
Vice-President	Merlin Sandersfeld	Osceola	Business Owner	
Treasurer	Del Brockshus	Clay	Business Owner	
Secretary	Burlin Matthews	Clay	Farmer/Retired-Educator	
Board Members	Mardi Allen	Dickinson	Retired-Business Management	
	Randy Bosch	Lyon	Farmer	
	LeRoy DeBoer	Osceola	Business Management	
	Dave Gottsche	Dickinson	Farmer	
	Craig Merrill	Palo Alto	Business Owner	
	John Pluth	Emmet	Farmer	
	Jeff Quastad	Emmet	Self-Employed	
	Steve Michael	Lyon	Self-Employed	
	John Steensma	O'Brien	Retired-Business Management	
	Keith Wirtz	Palo Alto	Business Owner	

In preparation for this application, board members were asked to self-identify within four categories: lived experience, recovery, consumer, and/or family member. Nine of the board members responded to the survey: 1 identified as an individual with lived experience of mental illness, none identified as an individual in recovery from substance abuse, 2 identified as being a consumer of behavioral health services, and seven identified as having family members that were individuals with lived experience in any of these categories. Overall 7 of the 9 members or 78% identified as having lived experience in one of the four categories; representing 50% of the overall board membership.

• Include resumes for all key corporate, administrative, and supervisory personnel who will be involved in providing the services sought by this RFP. The resumes shall include: name, education, years of experience, and employment history, particularly as it relates to the scope of services specified herein. Resumes shall not include social security numbers.

Resumes for the following key staff members are provided on the following pages:

Kim Scorza, President/CEO
Dr. Natalie Sandbulte, Vice-President of Clinical Services
Dan Ries, Vice-President of Finance and Human Resources
Jason Low, Vice-President of Information Technology
Christina Eggink-Postma, Vice-President of Program Coordination and Compliance
Jean Drey, Vice-President of Program Development
Vanessa Jorgenson, Vice-President of Community Services

The remainder of this page is intentionally left blank so resumes can be provided.

KIMBERLY VRIEZE-SCORZA - MSW, LMSW

EDUCATION

NORTHWESTERN COLLEGE - ORANGE CITY, IA

Bachelor of Arts

Major: Social Work Minor: Psychology

UNIVERSITY OF IOWA – IOWA CITY, IA

Master of Social Work

Major: Social Work with an emphasis in Integrated/Administrative Practice

BOSTON UNIVERSITY - BOSTON, MASSACHUSETTS

Master of Science (one year completed)

Major: Psychiatric Rehabilitation and Counseling

EXPERIENCE

SEASONS CENTER FOR BEHAVIORAL HEALTH - SPENCER, IOWA

2010-Present

President/CEO

BETHANY CHRISTIAN SERVICES OF THE HEARTLAND - ORANGE CITY, IOWA

2003-2010

Branch Director

- Oversee total operating annual budget of over \$7 million
- Lead and direct a community mental health center with clinical offices located in nine counties and a professional staff of over 100 employees
- Provide overall leadership and accountability for the agency in: strategic
 planning, financial management and budgeting, fund development, and
 program development
- Led the expansion of telehealth/telemedicine services for mental health
- Facilitated the LEAN process for the agency; increasing productivity and reducing expenses
- Promotion of agency resource development with the addition of new programs (Substance Abuse Services, Psychological Testing, and Behavioral Health Intervention Services)
- Develop and promote positive working relationships with key stakeholders and partners representing county, regional, and state agencies
- Provide leadership and advocacy for policy changes and the use of researchbased practices promoting mental health and substance abuse programs and services
- Oversee a \$2.5 million ACYF-CB RPG to provide Trauma-Informed Care (TIC)
- Raised \$1,500,000 in private donations to open a Regional Children's Center

NATALIE SANDBULTE, PSY.D.

EDUCATION

HEALTH SERVICE PROVIDER - 2012

LICENSED CLINICAL PSYCHOLOGIST - 2011

State of Iowa

EXAMINATION FOR PROFESSIONAL PRACTICE OF PSYCHOLOGY - 2010

Passed professional licensing exam through Association of State and

Provincial Psychology Boards

WHEATON COLLEGE - WHEATON, IL

Psy.D. in Clinical Psychology

Dissertation Title: Implementing marital enrichment programs in

rural communities (Defended: September 17,2007)

M.A. in Clinical Psychology

NORTHWESTERN COLLEGE - ORANGE CITY, IA

B.A. in Psychology

EXPERIENCE

SEASONS CENTER FOR BEHAVIORAL HEALTH - SPENCER, IOWA

2013-Present

Psychologist; Director of Clinical Services

DORDT COLLEGE - SIOUX CENTER, IA

2009-2013

Licensed Clinical Psychologist, Health Service Provider

2006-2013

Assistant Professor of Psychology

NORTHWESTERN COLLEGE - ORANGE CITY, IA

2007-2009

Pre-Doctoral Clinical Intern

HEARTLAND COUNSELING CENTER - ELBURN, IL

2004-2006

Clinical Practicum and Clerkship Student

WHEATON COLLEGE GRADUATE SCHOOL - WHEATON, IL

2005

Teaching Assistant "Situational and Developmental Crises in Families"

CENTRAL DUPAGE PASTORAL COUNSELING CENTER - CAROL STREAM, IL

2003-2004

Clinical Diagnostic Practicum Student

DANIEL RIES

EDUCATION

UNIVERSITY OF IOWA - IOWA CITY, IA

Bachelor of Business Administration: Business Management

EXPERIENCE

SEASONS CENTER FOR BEHAVIORAL HEALTH - SPENCER, IOWA

2010-Present

Director of Finance & Human Resources

STATE OF IOWA DHS

2009-2010

Income Maintenance Worker II

JP MORGAN CHASE - BLOOMINGTON, IN

2008-2009

Assistant Branch Manager

JP MORGAN CHASE - BLOOMINGTON, IN

2006-2008

Personal Banker

- Provide excellent leadership and accountability for financial management and operating annual budgets
- Able to prepare monthly financial reports and present them to Board of Directors
- Establish & implement fiscal policies of agency
- Coordinate completion of annual financial audit of agency
- · Respond to consumer complaints
- Provide oversight of accounts payable, accounts receivable and payroll
- Prepare cost reports in accordance with state and federal regulations

JASON LOW

EDUCATION

DEVRY UNIVERSITY - TINLEY PARK, IL (ONLINE)

October 2011 (Completed)

Bachelor of Science in Technical Management

Major: Network & Communication Management

ITT TECHNICAL INSTITUTE - OMAHA, NE

June 2004 (Completed)

Associate of Applied Science

Major: Computer Networking Systems

EXPERIENCE

SEASONS CENTER FOR BEHAVIORAL HEALTH - SPENCER, IOWA

2007-Present

IT Administrator

R&D INDUSTRIES, INC. - MILFORD, IA

2006-2007

Field Technician

NETRIX INFORMATION TECHNOLOGIES - EGAN, MN

2005-2006

Field Technician

THE COMPUTER & NETWORK CO. - LITTLE CANADA, MN

2004-2005

Field Technician

- Experience with computer and phone operations, technical and help desk support.
- High level of professionalism with proactive predisposition used to increase productivity and keep systems functional and stable
- Excellent communication and problem solving skills specifically in times of crisis and in resolving escalated issues.

CHRISTINA EGGINK-POSTMA

EDUCATION

DORDT COLLEGE - SIOUX CENTER, IA

Bachelor of Arts

Major: Psychology Minor: Spanish

EXPERIENCE

SEASONS CENTER FOR BEHAVIORAL HEALTH - SPENCER, IOWA

2013-Present

Director of Program Coordination and Compliance

February 2013 - November 2013

Project Coordinator

BETHANY CHRISTIAN SERVICES OF THE HEARTLAND - ORANGE CITY, IOWA

2010-2013

Adoption Specialist

2009-2010

Case Worker

SKIP OF NEW YORK, INC. - BUFFALO, NEW YORK

2008-2009

Quality Assurance Coordinator

2006-2008

Service Coordinator

- Ensure that all services comply with federal, state, local, and payer standards
- Advocate for behavioral health funding from federal, state, and county officials
- Gather and present monthly and annual evaluation data to Seasons' Board of Directors, Employees, and Governing Bodies
- Compose and oversee implementation of contracts and grants
- Direct implementation of new programs within the agency

JEAN DREY, LBSW

EDUCATION BUENA VISTA COLLEGE - STORM LAKE, IA - BACHELOR OF ARTS

Major: Social Work Minor: Business

Iowa: Licensed Bachelor Social Worker (LBSW)

EXPERIENCE

SEASONS CENTER FOR BEHAVIORAL HEALTH - SPENCER, IOWA

2011-Present

Director of Development

UPPER DES MOINES OPPORTUNITY, INC.

2006-2011

Operations Director/Deputy Director

SIOUX CENTRAL SCHOOL DISTRICT

2000-2006

Grant Project Director

WEST IOWA COMMUNITY HEALTH CENTER

1997-2000

Community Empowerment Director

SPECTRA HEALTH CARE, TRANSITIONAL CENTER

1989-1997

Services Coordinator

BUENA VISTA WORK ACTIVITY CENTER

1979-1989

Program Manager/Assistant Director

- Successful leadership experience with grant management, including program development, implementation, evaluation & sustainability
- Skilled in collecting and using data to identify priorities, evaluating results, and selecting effective research based programs and strategies
- Extensive leadership experience in heading up the implementation of new programs
- Outstanding organizational skills with attention to detail and "seeing the big picture"
- Experience working with diverse cultures and underserved populations,
 resulting from the rapid diversification occurring in rural Northwest Iowa
- Skilled in working collaboratively with local, state and national institutions

VANESSA JORGENSEN

EDUCATION

UNIVERSITY OF IOWA - IOWA CITY, IA

2014-Present

MSW Candidate 2017

Social Work

UNIVERSITY OF NORTHERN IOWA - CEDAR FALLS, IA

Bachelor of Art

Criminology & Sociology

UNIVERSITY OF IOWA - NATIONAL RESOURCE CENTER FOR FAMILY CENTER PRACTICE

Family Support Supervisor Certification

EXPERIENCE

SEASONS CENTER FOR BEHAVIORAL HEALTH - SPENCER, IOWA

2016-Present

Program Director - Leadership

HOPES CRITTENTON CENTER

2013-2016

Program Director

COUNCIL ON SEXUAL ASSAULT & DOMESTIC VIOLENCE

2015

Volunteer/Internship

WOODBURY COUNTY JUVENILE DETENTION CENTER

2011-2013

Youth Worker

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

2011-2012

2007-2008

Child & Family Services Specialist

CRITTENTON CENTER

2005-2007

Caseworker

BOYS AND GIRLS HOME AND FAMILY SERVICES

2004-2005

Resident Counselor

HIGHLIGHTS OF QUALIFICATIONS

 Attention to Detail, Team Leadership, Project Planning, Accountability, Improving Efficiency, Risk Assessment, Organization, Strengths-based, and a Quick Learner



• Include names and credentials for the project manager and any additional key project personnel who will be involved in providing services sought by this RFP. Include resumes for these personnel. The resumes shall include: name, education, and years of experience and employment history, particularly as it relates to the scope of services specified herein. Resumes shall also include the percentage of time the person would be specifically dedicated to this project, if the bidder is selected as the successful bidder. Resumes should not include social security numbers.

The key project staff have not been hired for the project. Kim Scorza, President/CEO, and Christina Eggink-Postma will serve as co-Interim Project Director, upon receipt of funding. Their resumes and credentials were provided with the previous narrative and therefore will not be repeated in this section.

The primary responsibilities and qualifications for the key positions are defined within the Job Descriptions provided with Tab 4: Bidder's Approach to Meeting Deliverables. A summary is provided again for review.

<u>Project Director/Vice-President of Patient Care</u>: The Vice-President (VP) of Patient Care is responsible for ensuring the quality and direction of care coordination/case management services at Seasons. This position oversees Integrated Health Home (IHH), Case Management, Substance Use Disorder Case Management, Crisis Services, Community Care Coordination teams and Veterans Services Specialist. This individual will also serve as the Project Director.

<u>Community Care Coordination Specialist</u>: The Community Care Coordination (CCC) Specialist supervises, directs, and supports the Community Care Coordination discipline at Seasons. This position is also responsible for overseeing the quality and direction of all Community Care Coordination team components and their impact on Seasons.

<u>Substance Use Disorder Case Management Specialist</u>: The Substance Use Disorder (SUD) Case Management Specialist supervises, directs, and supports the Substance Use Disorder Case Management discipline at Seasons. This position is also responsible for overseeing the quality and direction of all SUD Case Management team components and their impact on Seasons.

Intensive Psychiatric Rehabilitation (IRP) Specialist: The Intensive Psychiatric Rehabilitation (IPR) Specialist is responsible for the Intensive Psychiatric Rehabilitation (IPR) programming including the implementation and ongoing evaluation of IPR services. This position will be supervise and train IPR Practitioners. This position will also provide IPR services which include providing in-home and community based services to individuals with a mental health diagnosis and assisting them in achieving their personal recovery goals. The education and experience for this position is:

- Bachelor's Degree required in social work, psychology, counseling, or related field from an accredited college or university.
- At least one year of experience in delivering services to individuals with mental health concerns.
- Must be willing to receive 60+ hours of training in IPR or have documented evidence of previous receipt of training.
- Certified psychiatric rehabilitation practitioner by the United States Psychiatric Rehabilitation Association preferred.
- 1-3 years of experience in a leadership or supervisory role.

The organizational charts previously presented, illustrate the staffing plan for this program.

• Include the project manager's experience managing subcontractor staff if the bidder proposes to use subcontractors.

The bidder does not intend to use sub-contractors.

• Include the percentage of time the project manager and key project personnel will devote to this project on a monthly basis.

The Vice-President of Patient Care will serve as the Project Director and devote 100% of their time to the CCBHC project, on an annual and monthly basis. Other key positions and the amount of time devoted to the project is provided as follows:

Other Key Project Staff	Annual	Monthly	
Community Care Coordination Specialist	100%	100%	
Substance Use Disorder Case Management Specialist	100%	100%	
Intensive Psychiatric Rehabilitation (IRP) Specialist	100%	100%	

3.2.5.3 Financial Statements.

The bidder shall submit single audits for the last three (3) years.

Northwest Iowa Mental Health Center dba Seasons Center has annual independent audits conducted by Eide Bailley of Sioux Falls, South Dakota. The independent audit reports looks at the internal control over financial reporting and on compliance and other matters based on an audit of financial statements performed in accordance with Government Auditing Standards. Copies of independent audit reports for 2013, 2014, and 2015 are provided in the Financial Statements notebook delivered with this Technical Review notebook, as required within the RFP.

3.2.5.4 Termination, Litigation, and Investigation.

The following conditions <u>have not</u> been applicable to the Northwest Iowa Mental Health Center dba Seasons Center during the past five (5) years.

- Not Applicable. List any contract for services that the bidder has had that was terminated for
 convenience, non-performance, non-allocation of funds, or any other reason for which
 termination occurred before completion of all obligations under the contract provisions.
- *Not Applicable.* List any occurrences where the bidder has either been subject to default or has received notice of default or failure to perform on a contract. Provide full details related to the default or notice of default including the other party's name, address, and telephone number.
- Not Applicable. List any damages, penalties, disincentives assessed, or payments withheld, or anything of value traded or given up by the bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by this RFP. Include the estimated cost of that incident to the bidder with the details of the occurrence.
- *Not Applicable.* List and summarize pending or threatened litigation, administrative or regulatory proceedings, or similar matters related to the subject matter of the services sought in this RFP.
- *Not Applicable*. List any irregularities that have been discovered in any of the accounts maintained by the bidder on behalf of others. Describe the circumstances of irregularities or variances and detail how the issues were resolved.
- Not Applicable. List any details of whether the bidder or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services sought in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony.